

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057571

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** LIL' SUNSHINES FAMILY DAY CARE INC.

**Current Principal Place of Business:**

1325 SE 34TH TERRACE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1325 SE 34TH TERRACE  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, CHRISTINA R  
1325 SE 34TH TERRACE  
OCALA, FL 34471    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRANT, CHRISTINA R  
Address: 1325 SE 34TH TERRACE  
City-St-Zip: Ocala, FL 34471 US

Title: DIR  
Name: GRANT, RONALD S  
Address: 1325 SE 34TH TERRACE  
City-St-Zip: Ocala, FL 34471 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA GRANT

PRES

05/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date