

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058107

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** MUNCHKIN DAY CARE & PRESCHOOL, INC.

**Current Principal Place of Business:**

2935 HILLVIEW STREET  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

2917 ROSEWOOD PLACE  
SARASOTA, FL 34239 US

**Current Mailing Address:**

2935 HILLVIEW STREET  
SARASOTA, FL 34239 US

**New Mailing Address:**

2917 ROSEWOOD PLACE  
SARASOTA, FL 34239 US

FEI Number: 65-0596728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEPHAN, LAURA A  
2935 HILLVIEW STREET  
SARASOTA, FL 34239 US

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

STEPHAN, LAURA A  
2917 ROSEWOOD PLACE  
SARASOTA, FL 34239 US

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

04/29/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: STEPHAN, LAURA A  
Address: 2917 ROSEWOOD PLACE  
City-St-Zip: SARASOTA, FL 34239

Title: VPD ( ) Delete  
Name: OUSELEY, FREDERICK A  
Address: 2917 ROSEWOOD PLACE  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURA ANN STEPHAN

Electronic Signature of Signing Officer or Director

PRES

04/29/2004

Date