

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075155

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: FUNDAMENTAL CHILD CARE OF PALM COAST, INC.

**Current Principal Place of Business:**

4892 N.W. PALM COAST PKWY  
C  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

4892 N.W. PALM COAST PKWY  
C  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 59-3594052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BLUM, CHARLES  
4892 NW PALM COAST PKWY  
C  
PALM COAST, FL 32137 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLUM, CHARLES  
Address: 4892 NW PALM COAST PKWY, STE C  
City-St-Zip: PALM COAST, FL 32137

Title: VD ( ) Delete  
Name: GRUSSGOTT, DAVID  
Address: 4892 NW PALM COAST PKWY, STE C  
City-St-Zip: PALM COAST, FL 32137

Title: SD ( ) Delete  
Name: BLUM, ANITA  
Address: 4892 PALM COAST PARKWAY, SUITE C  
City-St-Zip: PALM COAST, FL 32137

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

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

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 exemption stated in Chapter 119, 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: CHARLES BLUM

PD

04/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date