

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90020 042 ***150.00

DOCUMENT # V09669

1. Entity Name
GAIL'S DAYCARE SERVICES, INC.



Principal Place of Business
264 DIVISION AVENUE
PORT ORANGE, FL 32174

Mailing Address
264 DIVISION AVENUE
PORT ORANGE, FL 32174

94017059



2. Principal Place of Business
264 DIVISION AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
264 DIVISION AVENUE
 Suite, Apt. #, etc.

02092004 Chg-P CR2E034 (10/03)

City & State
ORMOND BEACH, FLORIDA

City & State
ORMOND BEACH, FLORIDA

4. FEI Number
59-3113051

Applied For
 Not Applicable

Zip Country
32174 USA

Zip Country
32174 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GATLEY, GAIL
264 DIVISION AVENUE
PORT ORANGE, FL 32174

7. Name and Address of New Registered Agent

Name **GATLEY, GAIL**
 Street Address (P.O. Box Number is Not Acceptable)
264 DIVISION AVENUE
 City **ORMOND BEACH FL** Zip Code **32174**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GATLEY, GAIL 264 DIVISION AVENUE PORT ORANGE, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GATLEY, GAIL 264 DIVISION AVENUE ORMOND BEACH, FLORIDA 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gail Gatley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2-11-04*
 Daytime Phone #: *(386) 672-1354*