# DOCUMENT# P13000073761

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## Entity Name: BLOOMING BLOSSOMS DAYCARE CENTER, INC.

#### **Current Principal Place of Business:**

1014 E. 21ST STREET JACKSONVILLE, FL 32206

### **Current Mailing Address:**

1014 E. 21ST STREET JACKSONVILLE, FL 32206

## FEI Number: 46-3579072

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

MAYS, NICOLE 1014 E. 21ST STREET JACKSONVILLE, FL 32206 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	P	Title	VP
Name	MAYS, NICOLE	Name	MAYS, NICOLE
Address	1014 E. 21ST STREET	Address	1014 E. 21ST STREET
City-State-Zip:	JACKSONVILLE FL 32206	City-State-Zip:	JACKSONVILLE FL 32206
Title	TRS.	Title	SEC.
Title Name	TRS. MAYS, NICOLE	Title Name	SEC. MAYS, NICOLE

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: NICOLE MAYS

OWNER

02/06/2024 Date

Electronic Signature of Signing Officer/Director Detail

Date

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