

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000073761

**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**

**Certificate of Status Desired: No**

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

MAYS, NICOLE  
1014 E. 21ST STREET  
JACKSONVILLE, FL 32206 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

Date

**Officer/Director Detail :**

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

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

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

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

*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**

**PRESIDENT**

**01/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date