

2016 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: APPLIED FOR

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

DIRECTOR

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date