

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 432777

1. Entity Name
CHILD ENRICHMENT CENTER, INC.



Principal Place of Business

585 LOTT RD.
MONTICELLO, FL 32344 US

Mailing Address

585 LOTT RD.
MONTICELLO, FL 32344 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1489279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, WILLIAM D
4108 TAM O'SHANTER
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NICHOLS, WILLIAM D
STREET ADDRESS	4108 TAM O'SHANTER
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	P
NAME	NICHOLS, CRAIG S
STREET ADDRESS	960 AUDREY CT
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	SD
NAME	NICHOLS, ROYCE
STREET ADDRESS	4108 TAM O'SHANTER
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000784801
01/16/08-80068-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Wm Douglas Nichols* Wm Douglas Nichols 1-14-08 850-997-4018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #