

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 513362**

1. Entity Name  
**LUL-A-BYE SITTERS REGISTRY, INC.**



Principal Place of Business  
**9 NE 19TH NE CT  
C 117  
WILTON MANORS, FL 33305 US**

Mailing Address  
**P O BOX 24945  
FORT LAUDERDALE, FL 33307-1945**



09142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1688856**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VASTINE, NANCY  
9NE 19TH CT  
C117  
WILTON MANORS, FL 33305**

**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 file if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$3.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VASTINE, JACK R 9 EN 19TH CT C117 WILTON MANORS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VASTINE, NANCY 9 NE 19TH CT C117 WILTON MANORS, FL
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09/24/04-80001-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nancy L. Vastine*

9/22/04 (954) 565-1222