

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 518928

FILED
Mar 29, 2009
Secretary of State

Entity Name: MARY GO ROUND CHILD CARE CENTER, INC.

Current Principal Place of Business:

10810 HANNAWAY DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

10810 HANNAWAY DRIVE
RIVERVIEW, FL 33578

Current Mailing Address:

10810 HANNAWAY DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

10810 HANNAWAY DRIVE
RIVERVIEW, FL 3357

FEI Number: 59-1692090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANCOCK, MARY MILTNER
10810 HANNAWAY DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

HANCOCK, MARY MILTNER
10810 HANNAWAY DRIVE
RIVERVIEW, FL 33578 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:

03/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SDT () Delete
Name: HANCOCK, MARY MILTNE, R
Address: 11548 HAMMOCK OAKS CT
City-St-Zip: LITHIA, FL 33547 HI

Title: PDV () Delete
Name: HANCOCK, RICHARD L,
Address: 11548 HAMMOCK OAKS CT
City-St-Zip: LITHIA, FL 33547 HI

Title: VP () Delete
Name: HANCOCK, RICHARD LEI, GH II
Address: 11548 HAMMOCK OAKS CT
City-St-Zip: LITHIA, FL 33547 HI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY MILTNER HANCOCK

SDT

03/29/2009

Electronic Signature of Signing Officer or Director

Date