2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# 551358

Entity Name: HAPPY TIME INSTRUCTIONAL CHILD CARE CENTER, INC.

Current Principal Place of Business:

HWY 319
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

2446 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

758 EAST IVAN RD
CRAWFORDVILLE, FL 32327 US

FEI Number: 59-2313520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKER, LINDA
2445 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

WICKER, LINDA
758 EAST IVAN RD
CRAWFORDVILLE, FL 32327 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: 01/16/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WICKER, LINDA,
Address: 2446 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL

Title: STD ( ) Delete
Name: WICKER, CHARLES,
Address: 2446 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WICKER, LINDA,
Address: 758 EAST IVAN RD
City-St-Zip: CRAWFORDVILLE, FL

Title: STD (X) Change ( ) Addition
Name: WICKER, CHARLES,
Address: 758 EAST IVAN RD
City-St-Zip: CRAWFORDVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WICKER, LINDA PD 01/16/2004
Electronic Signature of Signing Officer or Director Date