

Amended

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**



DOCUMENT # 579672

1. Entity Name
A CHILD'S PLACE, INC.

Principal Place of Business

6200 S.W ARCHER ROAD
GAINESVILLE, FL 32608 US

Mailing Address

6200 SW ARCHER ROAD
GAINESVILLE, FL 32608 US

05 NOV 28 PM 3:24



07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1872592	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FOUST, AMANDA J.
6200 SW ARCHER ROAD
GAINESVILLE, FL 32608

**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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOUST, AMANDA J.
STREET ADDRESS	1125 NW 109TH DR
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	Vice President
NAME	V. James Foust
STREET ADDRESS	13065 NW 93rd Lane
CITY-ST-ZIP	Alachua, FL 32615
TITLE	Secretary
NAME	Melissa Foust Herring
STREET ADDRESS	1024 Tallamore Drive
CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400082104254
11/28/06--01046--010 **\$1.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06 352-375-8700
Date Daytime Phone #