

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648127

FILED
Apr 20, 2009
Secretary of State

Entity Name: CHILDREN'S NEST CHILD CARE CENTERS, INC.

Current Principal Place of Business:

2603 PASS-A-GRILLE WAY
PASS-A-GRILLE, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

2603 PASS-A-GRILLE WAY
PASS-A-GRILLE, FL 33706 US

New Mailing Address:

FEI Number: 59-1960644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN,LLL, ROBERT K
10345 GREEN LINKS DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: CROUCH, LEE A JR
Address: 2603 PASS-A-GRILLE WAY
City-St-Zip: ST PETE BEACH, FL 33706

Title: PDV () Delete
Name: CROUCH, ALICE
Address: 2603 PASS-A-GRILLE WAY
City-St-Zip: ST PETE BEACH, FL 33706

Title: D () Delete
Name: CROUCH, LEE A III
Address: 2705 W BAY AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: CROUCH-BOWEN, LISA
Address: 10345 GREEN LINKS DR
City-St-Zip: TAMPA, FL 33626

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:

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: LA CROUCH

Electronic Signature of Signing Officer or Director

DST

04/20/2009

Date