

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648483

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DIMPLES DAY CARE CENTER, INC.

**Current Principal Place of Business:**

34 8TH STREET  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

34 8TH STREET  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 59-1959443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JAMES, JEANNIE A.  
34 8TH STREET  
SHALIMAR, FL 32579 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: P ( ) Delete  
Name: JAMES, JEANNIE A.  
Address: 313 BOY SCOUT ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VPST ( ) Delete  
Name: JAMES, EDDIE D  
Address: 313 BOY SCOUT RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: JAMES, EDDIE D  
Address: 313 BOY SCOUT ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP (X) Change ( ) Addition  
Name: JAMES, JEANNIE A  
Address: 313 BOY SCOUT RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: EDDIE D. JAMES

PRES

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date