

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 717683

1. Entity Name
**TINY TOT'S DAY NURSERY OF LAKE LAND, FLORIDA,
INC.**



Principal Place of Business
**1715 MARTIN LUTHER KING JR. AVENUE
LAKE LAND, FL 33805**

Mailing Address
**1715 MARTIN LUTHER KING JR. AVENUE
LAKE LAND, FL 33805**



08172006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1083127	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISHER, JANICE -
1715 MARTIN LUTHER KING JR. AVE
LAKE LAND, FL 33805-0103**

**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

8/17/06

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RUFFIN, JOHN 1715 MARTIN LUTHER KING JR. AVENUE LAKE LAND, FL 33805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MOORE, DOROTHY 1715 MARTIN LUTHER KING JR. AVENUE LAKE LAND, FL 33805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHYALL, ANNIE 1715 MARTIN LUTHER KING JR. AVENUE LAKE LAND, FL 33805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, FREDDIE 1715 MARTIN LUTHER KING JR. AVENUE LAKE LAND, FL 33805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TABRON, ALBERTHA 1715 MARTIN LUTHER KING JR. AVENUE LAKE LAND, FL 33805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWK, MILDRED 1715 MARTIN LUTHER KING JR. AVENUE LAKE LAND, FL 33805
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08/24/06-80003-001 61.25

**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 617, 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: *Janice S. Fisher* - Janice S. Fisher 8/17/06 (863) 688-3096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #