

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90472 042 \*\*\*\*61.25

**DOCUMENT # 728160**

1. Entity Name

TINY TOTS NURSERY, INC.



Principal Place of Business

P.O. BOX 611  
104 DAVIS ST  
QUINCY FL 32351-3922

Mailing Address

P.O. BOX 611  
QUINCY FL 32353-0611

J4000000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7358130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGILL, WILLIAM A.  
104 DAVIS ST  
QUINCY FL 32353-0611

Name

Frances Harrell

Street Address (P.O. Box Number is Not Acceptable)

104 Davis Street

City

Quincy

FL

Zip Code

32351

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

Frances Harrell

4/22/04

\* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MCGILL, (WILLIAM A) ☒ Delete  
STREET ADDRESS 104 DAVIS ST  
CITY-ST-ZIP QUINCY FL

TITLE Monica Williams D ☐ Change ☒ Addition  
NAME 625 S. Key St.  
STREET ADDRESS Quincy, Fl 32351  
CITY-ST-ZIP

TITLE D  
NAME SAILOR, JOHNNY ☐ Delete  
STREET ADDRESS 1228 BORRY STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME KELLY, VIVIAN D ☐ Delete  
STREET ADDRESS 216 PATTON STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DAVIS, PATRICIA ☐ Delete  
STREET ADDRESS P. O. BOX 7303  
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME HARRELL, FRANCES ☐ Delete  
STREET ADDRESS PO BOX 123  
CITY-ST-ZIP QUINCY FL 32353-0123

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Pamela Davis Treasurer ☐ Delete  
NAME P.O. Box 7303  
STREET ADDRESS Tallahassee Fl 32314  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Frances Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

Daytime Phone #