


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 751044 1. Entity Name LAMB DAY CARE CENTER, INC.	
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Principal Place of Business 601 CENTRE STREET FERNANDINA BEACH, FL 32034-3938	Mailing Address 601 CENTRE STREET FERNANDINA BEACH, FL 32034-3938
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2229726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POMEROY, MONICA L 2636 - A 1ST AVE FERNANDINA BEACH, FL 32034
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**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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

1100000183204

01/20/05-80004-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD CALDWELL, ELAINE M. P.O. BOX 1603 N/A FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD JONES, BRUCE T 18 SOUTH 18TH STREET FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CT HARRELL, PAUL 1544 BLUE HERON LANE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVCL WOOD, MARSHALL E 12 BELTED KINGFISHER FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	OM POMEROY, MONICA L 2636 - A 1ST AVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Monica L Pomeroiy* **Monica L Pomeroiy** 1/12/05 (904) 261-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #