




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90015 015 ***158.75

DOCUMENT # G32961 1. Entity Name LITTLE ONES DAY CARE CENTER, INC.																																																																									
Principal Place of Business 2605 SUNSHINE DR S LAKELAND, FL 33801			Mailing Address 2605 SUNSHINE DR S LAKELAND, FL 33801																																																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																							
City & State Zip Country		City & State Zip Country		01202004 Chg-P CR2E034 (10/03)																																																																					
4. FEI Number 59-2279444				Applied For <input type="checkbox"/> Not Applicable																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HOLTON, SHEILA J 3214 IOWA RD LAKELAND, FL 33801																																																																					
7. Name and Address of New Registered Agent Name Sheila J. Holton Street Address (P.O. Box Number is Not Acceptable) 4810 Elam Rd City Lakeland FL Zip Code 33813				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 _____ DATE 1-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOLTON, SHEILA J.</td> <td rowspan="3" style="text-align: center; vertical-align: middle;"> Address Change → </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3214 IOWA RD LAKELAND, FL</td> </tr> <tr> <td colspan="2"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	HOLTON, SHEILA J.	Address Change →	CITY-ST-ZIP	3214 IOWA RD LAKELAND, FL																											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Sheila J. Holton</td> <td rowspan="3" style="text-align: center; vertical-align: middle;"> Change </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4810 Elam Rd Lakeland, FL 33813</td> </tr> <tr> <td colspan="2"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	Sheila J. Holton	Change	CITY-ST-ZIP	4810 Elam Rd Lakeland, FL 33813																										
TITLE	NAME	<input type="checkbox"/> Delete																																																																							
STREET ADDRESS	HOLTON, SHEILA J.	Address Change →																																																																							
CITY-ST-ZIP	3214 IOWA RD LAKELAND, FL																																																																								
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																							
STREET ADDRESS	Sheila J. Holton	Change																																																																							
CITY-ST-ZIP	4810 Elam Rd Lakeland, FL 33813																																																																								
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 607, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-26-04 8636865116 <small>Date Daytime Phone #</small>																																																																					