## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H34711

Entity Name: LONE STAR DAY CARE, INC

FILED Jan 23, 2007 Secretary of State

y		TO THE TOTAL			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3612 BELF JACKSON	FORT RD VILLE, FL 322	16 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	CARDINE DR VILLE, FL 322	57 US	3612 BELFORT RD JACKSONVILLE, FL 3	2216 US	
FEI Number:	: 59-2476677	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	LARRY E CARDINE DR. VILLE, FL 3229	57 US			
	named entity set of Florida.	ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered A	gent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () ELLIOTT, LARR 4235 KINCARDI JACKSONVILLE	NE DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () COURSON, JOE 2280 SHEPHER JACKSONVILLE	D ST #505	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER ANNE BARRERA MRS. 01/23/2007