2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H40905

1. Entity Name
MERTHIE'S DAYCARE CENTER, INC.

Principal Place of Business
1611 MERTHIE DR
SANFORD, FL 32771 US

Mailing Address
1611 MERTHIE DR
SANFORD, FL 32771 US

03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2555538
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, MARILYN M
1808 S. LOCUST AVE
SANFORD, FL 32771

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, MARILYN
STREET ADDRESS	1808 S. LOCUST AVENUE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VP
NAME	MERTHIE, RONALD W
STREET ADDRESS	1303 PERSIMMON AVE
CITY-ST-ZIP	SANFORD, FL
TITLE	T
NAME	MARTIN, CLIFFORD J.
STREET ADDRESS	1808 S LOCUST AVE
CITY-ST-ZIP	SANFORD, FL
TITLE	S
NAME	MERTHIE, LYNDON B
STREET ADDRESS	148 UPSALA RD
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/04-80083-020 150.00

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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: _____ MARILYN MARTIN 3-8-04 407 322-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #