


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90002 044 ***150.00

DOCUMENT # J61963 1. Entity Name COMPREHENSIVE CHILD CARE ASSOCIATES, P.A.					
Principal Place of Business 943 S. BENEVA RD. 102 SARASOTA, FL 34232 US			Mailing Address PO BOX 4009 SARASOTA, FL 34230 US		
2. Principal Place of Business 2020 Cattlemen Road		3. Mailing Address			
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc.			
City & State Sarasota, Florida		City & State			
Zip 34232		Country USA		Zip	
Country		Country			
6. Name and Address of Current Registered Agent FEATHERMAN, D SCOTT 943 S BENEVA RD SUITE 102 SARASOTA, FL 34232 THIS IS AN ADDRESS CHANGE ONLY				7. Name and Address of New Registered Agent Name D. SCOTT FEATHERMAN Street Address (P.O. Box Number is Not Acceptable) 2020 Cattlemen Road Suite 600 City Sarasota FL Zip Code 34232	
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: <u><i>D. Scott Featherman</i></u> 2-22-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete FEATHERMAN, D. SCOTT 943 S. BENEVA RD, STE. 102 SARASOTA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete FEATHERMAN, PATRICIA B. 943 S. BENEVA RD, STE. 102 SARASOTA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FEATHERMAN, D. SCOTT 2020 Cattlemen Road, Suite 600 Sarasota, FL 34232				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FEATHERMAN, PATRICIA B. 2020 Cattlemen Road, Suite 600 Sarasota, FL 34232				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>D. Scott Featherman</i></u> 2-22-06 (941) 955-5791 D. SCOTT FEATHERMAN, AS PRESIDENT					