


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90080 046 ***150.00

DOCUMENT # J74236	
1. Entity Name MISS JEAN'S KINDERGARTEN AND DAYCARE, INC.	

Principal Place of Business 508 NORTH WASHINGTON STREET MADISON FL 32341 US	Mailing Address PO BOX 202 508 NORTH WASHINGTON STREET MADISON FL 32341 US
<i>200 NW Washington St. - Madison, FL 32341-0202</i>	

2. Principal Place of Business <i>200 NW Washington St.</i>	3. Mailing Address <i>PO Box 202</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Madison, FL</i>	City & State <i>Madison, FL</i>
Zip <i>32340</i>	Zip <i>32341-0202</i>
Country <i>Madison</i>	Country <i>Madison</i>

4. FEI Number 59-2813716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUQUA, BILLIE JEAN C 508 NORTH WASHINGTON STREET MADISON FL 32340	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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 *Billie Jean Fuqua* *Billie Jean Fuqua* *Apr. 23, 2004*
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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FUQUA, BILLIE JEAN C. 200 N.W. FRALEIGH STREET MADISON FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Billie Jean Fuqua* *Billie Jean Fuqua* *4/23/04* *850-9734475*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #