


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**


03-14-2007 90029 041 \*\*\*150.00

<b>DOCUMENT # J74236</b> 1. Entity Name MISS JEAN'S KINDERGARTEN AND DAYCARE, INC.	
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Principal Place of Business 200 NW WASHINGTON ST MADISON, FL 32340 US	Mailing Address PO BOX 202 MADISON, FL 32341-0202 US
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**DO NOT WRITE IN THIS SPACE**

40035484



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2813716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FUQUA, BILLIE JEAN C  
508 NORTH WASHINGTON STREET  
MADISON, FL 32340

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FUQUA, BILLIE JEAN C. 200 N.W. FRALEIGH STREET MADISON, FL
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IN THIS SPACE**

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: Billie Jean C. Fuqua Billie Jean C. Fuqua 13.2.07 850.973-4425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # J74236</b> 1. Entity Name <b>MISS JEAN'S KINDERGARTEN AND DAYCARE, INC.</b>		
Principal Place of Business <del>200 NW WASHINGTON ST</del> <b>MADISON, FL 32340 US</b> <i>336 N Washington Ave</i>	Mailing Address <b>PO BOX 202</b> <b>MADISON, FL 32341-0202 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number <b>59-2813716</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>FUQUA, BILLIE JEAN C</b> <del>508 NORTH WASHINGTON STREET</del> <b>MADISON, FL 32340</b> <i>336 N Washington Ave</i>		
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>FUQUA, BILLIE JEAN C.</b> <b>200 N.W. FRALEIGH STREET</b> <i>556</i> <b>MADISON, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>SIGNATURE:</b> <input checked="" type="checkbox"/> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____ Daytime Phone # _____		