## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State** 03-14-2007 90029 041 \*\*\*150.00 DOCUMENT # J74236 MISS JEAN'S KINDERGARTEN AND DAYCARE, INC. 40035484 Mailing Address Principal Place of Business 200 NW WASHINGTON ST PO BOX 202 MADISON, FL 32340 US MADISON, FL 32341-0202 US No Chg-P CR2E034 (11/05) 02192007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2813716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FUQUA, BILLIE JEAN C DO NOT WRITE **508 NORTH WASHINGTON STREET** MADISON, FL 32340 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FUQUA, BILLIE JEAN C. STREET ADDRESS 200 N.W. FRALEIGH STREET CITY-ST-ZIP MADISON, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

FILED Mar 14, 2007 8:00 am

## **ATTACHMENT**

2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # J74236 1. Entity Name MISS JEAN'S KINDERGARTEN AND DAYCARE, INC. Meiling Address Principal Place of Business PO BOX 202 200 NW WASHINGTON-ST-MADISON, FL 32341-0202 US MADISON, FL 32340 CR2E034 (11/05) 02192007 No Cho-P DO NOT WRITE IN THIS SPACE Applied For 59-2813716 Not Applicable \$8.75 Additioned Fee Required 5. Certificate of Status Desired 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 336N Washington d office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed of printed name of replaced agent and title if applicable. (HOTE: Registered Agent algoritum retained when retraceting) \$5.00 May Be Added to Fees File NOW!!! FEE 15 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing  $\Box$ Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NAME FUQUA, BILLIE JEAN C. 200 N.W. FRALEIGH STREET 550 STREET ADDRESS CTTY-ST-ZEP MADISON, FL IIILE NAME STREET ADDRESS TILE NULE STREET ADDRESS DO NOT WRITE CITY-ST-ZEP ITILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIRE STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby cartify that the information supplied with this titing close not quality for the exemptions contained in Chapter 119. Floride Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate end that my eigneture shall have the same legal effect as if made under eath; that I am an officer or director 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 the property of the property of the property or trustee empowered. SIGNATURE: