

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 023 ***150.00

DOCUMENT # J74236

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



Principal Place of Business Mailing Address
200 NW WASHINGTON ST. 336 N. Washington St PO BOX 202
MADISON, FL 32340 US MADISON, FL 32341-0202 US

50001554



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2813716 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FUQUA, BILLIE JEAN C
236 500 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE ST
NAME FUQUA, BILLIE JEAN C.
STREET ADDRESS 200 N.W. FRALEIGH STREET 556 N. Fraleigh St.
CITY-ST-ZIP MADISON, FL

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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 Fuqua ✓ President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 3-11-08 ✓ 850-973-4495