2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K40683

1. Entity Name
ALPHA CARE PRESCHOOL AND INFANT CENTER, INC.

Principal Place of Business	Mailing Address
3034 ATLANTIC AVE. P.O. BOX 4001 EATON PARK, FL 33840	3034 ATLANTIC AVE. P.O. BOX 4001 EATON PARK, FL 33840

DO NOT WRITE IN THIS SPACE

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2917544	Applied For
	Not Applicable
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLTON, SHEILA J.
3034 ATLANTIC AVE.
EATON PARK, FL 33840

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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	D
NAME	HOLTON, SHEILA J.
STREET ADDRESS	4810 ELAM ROAD
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   2-13-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #