

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # L25072

1. Entity Name
LITTLE DARLINGS PRE-SCHOOL, INC.



Principal Place of Business
**499 N ORANGE AVE
UMATILLA, FL 32784 US**

Mailing Address
**C/O L. E. TAYLOR
P.O. BOX 391
ALTOONA, FL 32702-0391**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2972666

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TAYLOR, L. E.
1029 WEST MAGNOLIA STREET
LEESBURG, FL**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000113711

04/15/04-60020-012 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PREVATT, CINDY
19818 SHOCKLEY TRAIL ROAD
ALTOONA, FL 32702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 it 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Prevatt
CINDY PREVATT

04/12/04
04/12/04

352.609.5545
352.609.5545