

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # L46053

1. Entity Name
CARE-A-LOT DAYCARE AND PRESCHOOL, INC.



Principal Place of Business
**4704 U.S. #1 NORTH
ST AUGUSTINE, FL 32095 US**

Mailing Address
**4704 U.S. #1 NORTH
ST AUGUSTINE, FL 32095 US**



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2989261 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**STRICKLAND, PATRICIA K
4704 US #1 NORTH
ST AUGUSTINE, FL 32095**

**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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | DPVT |
| NAME | STRICKLAND, PATRICIA K |
| STREET ADDRESS | 4704 U.S. #1 NORTH |
| CITY-ST-ZIP | ST AUGUSTINE, FL |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000349643
05/02/05-80072-015 150.00

**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 119.07(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 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:

Patricia K. Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 (904) 829-5983
Date Daytime Phone #

PATRICIA K. STRICKLAND Owner