


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90249 014 ***150.00

DOCUMENT # L78798 1. Entity Name DAYCARE, INC.					
Principal Place of Business 22286 VICK ST CHARLOTTE HARBOR, FL 33980			Mailing Address 22286 VICK ST CHARLOTTE HARBOR, FL 33980		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1881 CITRON ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PT CHARLOTTE FL		City & State PT CHARLOTTE FL		4. FEI Number 65-0210005	
Zip 33980		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEHR, JEFF 22286 VICK ST CHARLOTTE HARBOR, FL 33980				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1881 CITRON ST City PT CHARLOTTE FL Zip Code 33980	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST FEHR, JEFF 22286 VICK ST CHARLOTTE HARBOR, FL 33980 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1881 CITRON ST PT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JEFF FEHR 1/4/07 941-206-2146 <small>Date Daytime Phone #</small>		