


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L88863
 1. Entity Name
TENDER CARE DAY CARE AND PRESCHOOL, INC.



Principal Place of Business Mailing Address
604 SOUTHWEST 5TH STREET **604 SOUTHWEST 5TH STREET**
OKEECHOBEE, FL 34974 **OKEECHOBEE, FL 34974**

DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0209633 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHOOLEY, DEBORAH S.
604 SOUTHWEST 5TH STREET
OKEECHOBEE, FL 34974

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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 state if applicable. (NOTE: Registered Agent signature required when canceling) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

UD0000470331
 03/28/06-80007-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHOOLEY, DEBORAH S.
STREET ADDRESS	604 SOUTHWEST 5TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	VPT
NAME	SCHOOLEY, KEVIN
STREET ADDRESS	604 SOUTHWEST 5TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Deborah Schooley 3/14/06 863467-5587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #