

**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

604 SOUTHWEST 5TH STREET
OKEECHOBEE, FL 34974

Mailing Address

604 SOUTHWEST 5TH STREET
OKEECHOBEE, FL 34974



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0209633

Applied For
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

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UD00000470331
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

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

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