

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M65000

1. Entity Name
AN APPLE A DAY PRESCHOOL, INC.



Principal Place of Business

2415 JAVA PLUM AVE
SARASOTA, FL 34232 US

Mailing Address

2415 JAVA PLUM AVE
SARASOTA, FL 34232 US

FILED
Mar 05, 2004 08:00 AM
Secretary of State



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0028902

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

MURCHIE, SUZANNE
6403 TARAWA DRIVE
SARASOTA, FL 34241

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURCHIE, SUZANNE
6403 TARAWA DR
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SECO, KAREN KLEIN
2415 JAVA PLUM AVE
SARASOTA, 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

100000077604
03/05/04-80050-003 150.00

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/04 (94) 371-6934