

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000007065

1. Entity Name

HEIR DAYCARE INCORPORATED



FILED

2007 JUL 30 AM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2100 DUNN AVENUE  
JACKSONVILLE FL 32218

Mailing Address

2100 DUNN AVENUE  
JACKSONVILLE FL 32218

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

01-0797992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, DAVID  
2100 DUNN AVE  
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

FILE NOW: FEE IS \$61.25  
Due By September 5, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME THOMAS, DAVID M ☐ Delete  
STREET ADDRESS 3938 MURLFIELD BLVD E.  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE T  
NAME COLBERT, DAMIKA ☐ Delete  
STREET ADDRESS 870 ASHTON COVE TERRACE  
CITY-ST-ZIP JACONVILLE FL 32218

TITLE S  
NAME NIEDA, THOMAS ☐ Delete  
STREET ADDRESS 11511 LAGUNA CRT  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D  
NAME HAMMET, HARVEY ☐ Delete  
STREET ADDRESS 2100 DUNN AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 500107462255  
CITY-ST-ZIP 08/07/07--01049--019 \*\*183.75

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:

*David M. Thomas*

7/27/07

904-757-3226

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