

ANNUAL REPORT

DOCUMENT # N20874

1. Entity Name
TOTS & TODDLERS DAY CARE CENTER INC.

FILED
Jul 28, 2004 08:00 AM
Secretary of State

Principal Place of Business
2861 N.W. 9TH STREET
POMPANO BEACH, FL 33069Mailing Address
2861 N.W. 9TH STREET
POMPANO BEACH, FL 33069

07232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0021824Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BIGMALL, ANTHONY
430 NORTH WEST 11 COURT
FORT LAUDERDALE, FL 33311**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

Filing Fee is \$61.25
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNEIL, JOYCE
STREET ADDRESS	930 NW 11 COURT
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311

TITLE	D
NAME	BIGMALL, ANHTONY
STREET ADDRESS	930 NW 11 COURT
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311

TITLE	D
NAME	BARNES, ANDREA
STREET ADDRESS	930 NW 11 COURT
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000168645
 07/28/04-80005-004 61.25

**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)(f), 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:

Anthony Bigmall