

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N22911

1. Entity Name
EXTENDED DAY, INC.



Principal Place of Business
C/O ELIZABETH FOSTER FORGUSON
557 RONNOC LANE
NEW SMYRNA BEACH, FL 32168 US

Mailing Address
PO BOX 1126
NEW SMYRNA BEACH, FL 32170 US



01152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2905722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER FORGUSON, ELIZABETH
2026 TRAVLERS PALM DR
EDGEWATER, FL 32141

**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

Elizabeth Foster Forgon

(NOTE: Registered Agent signature required when reinstating)

1/26/05
DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 STEARNS, JOHN E. 2518 INDIA PALM DR EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, CAROLYN A. 3707 SAXON DRIVE NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORGUSON-FOSTER, ELIZABETH 2026 TRAVELERS PALM DRIVE EDGEWATER, FL 32141

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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:

Elizabeth Foster Forgon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05
Date

386-
689-2357
Daytime Phone #

Elizabeth A. Forgon