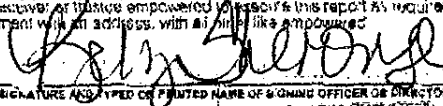


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N36370 1. Entity Name A COUNTRY DAY-CARE, INC.		
Principal Place of Business 11364 ROBINSON LANE DUNNELLON, FL 34431	Mailing Address 11364 ROBINSON LANE DUNNELLON, FL 34431	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent SHEROUSE, MICHAEL F 17513 S.W. 116TH PLACE DUNNELLON, FL 34432		DO NOT WRITE IN THIS SPACE
9. 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 of principal place of business agent and this 4 approvable (NOT Registered Agent signature required when renewing)		
Filing Fee is \$61.25 Due by May 1, 2006		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	PD SHEROUSE, KELLY 17513 S.W. 116TH PLACE DUNNELLON, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEROUSE, MICHAEL F 17513 S.W. 116TH PLACE DUNNELLON, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, LISA M 4260 WEST WOODLAWN STREET DUNNELLON, FL 34433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREWSON, KIM M 8 TRAK LOOP OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOODARD, LORI P.O. BOX 528, N/A WILLISTON, FL 34450	
TITLE NAME 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 submit this report as required by Chapter 817, Florida Statutes, and that my name appears in Book 10 or Block 11 of the changed, or on an attachment with an address, with all like empowered.		
SIGNATURE: 		4/26/06 189-2857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE



04282008 No Chg-NP CR2E037 (11/05)

4. FEI Number
69-2987785Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredU000000539957
05/09/06-80118-021 61.25**DO NOT WRITE
IN THIS SPACE**