

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 1:33

DOCUMENT # P00000053886

1. Entity Name
FIRST CLASS MAINTENANCE SERVICES AND KIDZ
PALACE DAYCARE, INC.



Principal Place of Business
2626 E. PARK AVENUE
TALLAHASSEE, FL 32358

Mailing Address
2626 E. PARK AVENUE
TALLAHASSEE, FL 32358

2. Principal Place of Business

P.O. Box 802
Suite, Apt. #, etc.

Quincy Florida
City & State

3. Mailing Address

P.O. Box 802
Suite, Apt. #, etc.

Quincy FL
City & State

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0609030

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

323537

Country

Zip

323537

Country

6. Name and Address of Current Registered Agent

AMILCAR, JACQUES

2626 E. PARK AVENUE
TALLAHASSEE, FL 32358

7. Name and Address of New Registered Agent

Name

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

4428 Mt Pleasant Rd.

Quincy FL

FL

Zip Code
32352

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
COO
AMILCAR, JACQUES
1728 W. 65TH PLACE
INDP, IN 46260 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
FOOTMAN, SAMUEL E
1728 W. 65TH PLACE
INDP, IN 46260 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 #

2-17-04