
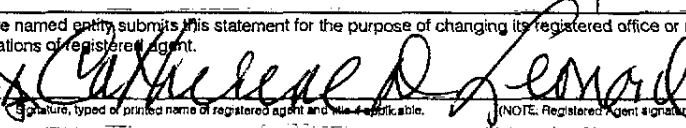
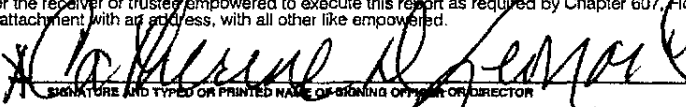


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000084316 1. Entity Name LITTLE CITIZENS CHILD DEVELOPMENT CENTER, INC.		
Principal Place of Business 414 WEST 6TH STREET LAKELAND, FL 33805		Mailing Address PO BOX 1045 LAKELAND, FL 33802
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEONARD, CATHERINE D 414 WEST 6TH STREET LAKELAND, FL 33801		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:  DATE: 8-24-05 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEONARD, CATHERINE D 414 WEST 6TH STREET LAKELAND, FL 33805	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, HAROLD E 1019 W 7TH STREET LAKELAND, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HAYNES, SUSAN C 414 WEST 6TH STREET LAKELAND, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE: 8-24-05 863-688-0823 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



08232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3670899

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fees Required**

U000000377088
08/25/05-80005-003 158.75