

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90069 035 ***150.00

DOCUMENT # P00000098818

1. Entity Name

BABY GUARD OF TREASURE COAST, INC.



Principal Place of Business

P O BOX 2050
VERO BEACH FL 32961-2050

Mailing Address

PO BOX 2050
VERO BEACH FL 32961-2050



2. Principal Place of Business

4465- 12th ST. SW

Suite Apt. #, etc.

3. Mailing Address

4465 12th ST. SW.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

VERO BEACH FL.

City & State

VERO BEACH FL.

4. FEI Number

59-3678154

Applied For

Not Applicable

Zip

32968-4852

Country

USA

Zip

32968-4852

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEFANACCI, JACQUELINE
4465 12 STREET SW
VERO BEACH FL 32968

Name

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

City

FL

Zip Code

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

Jacqueline Stefanacci JACQUELINE STEFANACCI PRES.

FEB. 6, 2006

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☐ Delete
NAME STEFANACCI, CAMILLO
STREET ADDRESS 4465 12 STREET SW
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE DP ☐ Delete
NAME STEFANACCI, JACQUELINE
STREET ADDRESS 4465 12TH ST SW
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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 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:

Jacqueline Stefanacci JACQUELINE STEFANACCI PRES. 2/6/06 772-778-6700