

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000098818**

1. Entity Name  
**BABY GUARD OF TREASURE COAST, INC.**



Principal Place of Business  
**4465-12TH ST SW  
VERO BEACH, FL 32968-4852**

Mailing Address  
**4465-12TH ST SW  
VERO BEACH, FL 32968-4852**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3678154**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STEFANACCI, JACQUELINE  
4465 12 STREET SW  
VERO BEACH, FL 32968**

**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 *Jacqueline Stefanacci*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remailing)

*Jan. 3, 2007*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	DS STEFANACCI, CAMILLO 4465 12 STREET SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STEFANACCI, JACQUELINE 4465 12TH ST SW VERO BEACH, FL 32968
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/09/07-80009-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR

*Jan 3, 2007*  
Date

*772.778-2421*  
Daytime Phone #