

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90099 012 \*\*\*150.00

**DOCUMENT # P01000001227**

1. Entity Name  
**LULU'S TINY TOTS DAYCARE, INC.**



Principal Place of Business  
**584 S. BREVARD AVE  
ARCADIA, FL 34266**

Mailing Address  
**P.O. BOX 1553  
ARCADIA, FL 34266**

2. Principal Place of Business  
**584 S. Brevard Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**584 S. Brevard Ave.**  
Suite, Apt. #, etc.

City & State  
**ARCADIA FL**  
Zip  
**34266**  
Country  
**USA**

City & State  
**ARCADIA FL**  
Zip  
**34266**  
Country  
**USA**

01272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1073331**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TIERNEY, MICHAEL L SR**  
**584 S. BREVARD AVE.**  
**ARCADIA, FL 34266**

7. Name and Address of New Registered Agent  
Name  
**N/A**  
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 **MCT** **MICHAEL L. TIERNEY SR.** **1/27/04**  
(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  
**DVP**  
**TIERNEY, MICHAEL SR**  
**584 S. BREVARD AVE.**  
**ARCADIA, FL 34266** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**TIERNEY, MARIA**  
**584 S. BREVARD AVE.**  
**ARCADIA, FL 34266** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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  
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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: **MCT** **MICHAEL L TIERNEY SR.** **1/27/04** **993-0796**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #