

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90002 025 ***150.00

DOCUMENT # P01000001383

1. Entity Name
**LITTLE ONES DEVELOPMENT AND LEARNING CENTER,
INC.**



Principal Place of Business
**1520 SE PALM AVE
HIGH SPRINGS, FL 32643**

Mailing Address
**1520 SE PALM AVE
HIGH SPRINGS, FL 32643**

54056357



03062003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3680457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, BRENDA J
1520 SE PALM AVE
HIGH SPRINGS, FL 32643**

**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

Brenda J. Thomas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	CEOP THOMAS, BRENDA J
STREET ADDRESS	1520 SE PALM AVENUE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE NAME	ST STEPHENS, ERICA P
STREET ADDRESS	3719 SW 30TH TERRACE APT 44A
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE NAME	D GREEN, LINDA S
STREET ADDRESS	3904 SW 26TH DRIVE APT C
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE NAME	C WILLIAMS, DANNIE
STREET ADDRESS	4543 3RD AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 32608
TITLE NAME	TA STEPHENS, WILLIE T
STREET ADDRESS	3719 SW 30TH TERRACE APT 44A
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE NAME	M POWELL, BOBBY
STREET ADDRESS	711-3 NW 23RD AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32609

**DO NOT WRITE
IN THIS SPACE**

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

5/18/04

Date

386-454-879

Daytime Phone #