

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90003 020 ***550.00

DOCUMENT # P01000028746

1. Entity Name
**JACK 'N JILL EARLY CHILDHOOD & EDUCATIONAL
CENTER, INC.**



Principal Place of Business

**802 N. FAULKNER STREET
PERRY, FL 32347 US**

Mailing Address

**802 N. FAULKNER STREET PO Box 6014
PERRY, FL 32348 US**

54068731



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3742764

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODMAN, KRISTY K
802 N. FAULKNER STREET
PERRY, FL 32347**

**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 *Kristy K Goodman*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8-16-04
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 STREET ADDRESS CITY - ST - ZIP	PSTD GOODMAN, KRISTY K 802 N. FAULKNER STREET PERRY, FL 32347
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**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: *Kristy K Goodman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-04
Date

(850) 584-2195
Daytime Phone #