

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90169 001 ***150.00
03-15-2004 90169 002 *****8.75

DOCUMENT # P01000030936

1. Entity Name
MORNING STAR INFANT & CHILD DAYCARE, INC.



Principal Place of Business
**105 E. BAKER ST.
CLERMONT, FL 34711**

Mailing Address
**140 W. MINNEHAHA AVE - 111 E. BAKER ST
CLERMONT, FL 34711 US
CLERMONT, FL 34711 US**

66405889



03102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
105 E. BAKER ST
Suite, Apt. #, etc.
N/A

3. Mailing Address
Same
Suite, Apt. #, etc.
N/A

City & State
CLERMONT FL

City & State
CLERMONT FL

Zip
34711-3338 Country
FLAKE

4. FEI Number
59-3700390

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MEDINA, AZALEA
105 E. BAKER ST.
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

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 _____
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEDINA, AZALEA T 105 E. BAKER ST. CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Medina, Samuel 105 E. Baker St CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Azalea T. Medina Azalea T. Medina 3-10-04 3522424470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #