

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90004 010 ***150.00

DOCUMENT # P01000038286

1. Entity Name

TUESDAY'S CHILD INC.



Principal Place of Business

**52 ALAMANDA DRIVE
ORMOND BEACH FL 32176**

Mailing Address

**52 ALAMANDA DRIVE
ORMOND BEACH FL 32176**

14018241



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3723375

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'KEEFE, EUGENE
52 ALAMANDA DRIVE
ORMOND BEACH FL 32176**

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OKEEFE, EUGENE P**
STREET ADDRESS **52 ALAMANDA DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Delete
NAME **OKEEFE, BETTY**
STREET ADDRESS **52 ALAMANDA DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Elizabeth O'Keefe 6-28-05

ATTACHMENT
BETTY'S A1A CAFÉ

14018241

1900 OCEAN SHORE BLVD.
ORMOND BY-THE-SEA FLORIDA 32176
Telephone (386) 441-8131

Monday, June 27, 2005

*Division of Corporations
Annual Report
PO Box 6850
Tallahassee, Fl. 32314*

*Doc. No. #PO 1000038286
FEI No 59-3723375*

Dear Sir or Madame,

Enclosed please find check for above renewal. Please note, we have not been operational for 10 months, due to extensive damage by Hurricane Charley. In all this confusion, we may of not received this payment notice on time, and as soon as we were made aware of it, we promptly mailed it.

Respectfully request that you waive any penalties, since this would create an additional financial hardship in our attempt to recover .

Thank you for your kind consideration to this matter, and I await your favorable reply

Sincerely

Betty O'Keefe Pres.