

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000039348

1. Entity Name
DEBBIE'S CHILDCARE, INC



**FILED
Apr 11, 2005 08:00 AM
Secretary of State**

Principal Place of Business
2079 HOVINGTON CIRCLE EAST
JACKSONVILLE, FL 32246

Mailing Address
2079 HOVINGTON CIRCLE EAST
JACKSONVILLE, FL 32246



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3729015	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOFF, DEBBIE
2079 HOVINGTON CIRCLE EAST
JACKSONVILLE, FL 32246

**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:

Debbie Goff

4-11-05

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

(NOTE: Registered Agent signature required when remitting)

4000000238036
04/11/05-80051-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOFF, DEBBIE 2079 HOVINGTON CIR E JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Debbie Goff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 904-221-2396
Date Daytime Phone #