

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 049 ***150.00

DOCUMENT # P01000039348

1. Entity Name

DEBBIE'S CHILDCARE, INC



Principal Place of Business

2079 HOVINGTON CIRCLE EAST
JACKSONVILLE FL 32246

Mailing Address

2079 HOVINGTON CIRCLE EAST
JACKSONVILLE FL 32246



2. Principal Place of Business

3078 Wandering Oaks Dr.
Suite, Apt. #, etc.
ORANGE PARK, FL
City & State

3. Mailing Address

3078 Wandering Oaks Dr.
Suite, Apt. #, etc.
ORANGE PARK, FL
City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3729015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOFF, DEBBIE
2079 HOVINGTON CIRCLE EAST
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

Goff, Debbie

Street Address (P.O. Box Number is Not Acceptable)

3078 Wandering Oaks Dr.

City

ORANGE PARK

FL

Zip Code

32065

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 P ☐ Delete
NAME GOFF, DEBBIE
STREET ADDRESS 2079 HOVINGTON CIR E
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
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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 P ☒ Change ☐ Addition
NAME GOFF, DEBBIE
STREET ADDRESS 3078 Wandering Oaks Dr.
CITY-ST-ZIP ORANGE PARK, FL 32065

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

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

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 exemptions contained in Section 119, 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

3-20-06 9044727692

Date

Daytime Phone #