

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90461 026 \*\*\*100.00  
 06-09-2004 90002 021 \*\*\*\*50.00

**44046380**



MOORE CR2E034 (11/03)

<b>DOCUMENT # P01000049579</b>					
1. Entity Name <b>LITTLE TOTS CHILD DEVELOPMENT CENTER, INCORPORATED.</b>					
Principal Place of Business <b>2925 DUFF RD LAKELAND FL 33810</b>			Mailing Address <b>2925 DUFF RD LAKELAND FL 33810</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-3715221</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>Gervin GENEIN, DELORIS 1315 SCOTT ST-B TAMPA FL</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 <b>Deloris Gervin</b>		<i>Deloris Gervin (Registered agent)</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reestablishing)			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HASSELL, MARSHA</b>		NAME		
STREET ADDRESS	<b>903 LANDERNY LANE</b>		STREET ADDRESS	<b>7710 Canterbury Circle</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>		CITY-ST-ZIP	<b>Lakeland FL 33810</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <b>Marsha J. Hassell</b>		<i>Marsha J. Hassell</i>		Date: <b>April 30-04</b> (862) 785-3386	
Signature and typed or printed name of signing officer or director				Daytime Phone #	



*attachment*

*44046380*

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 12, 2004

LITTLE TOTS CHILD DEVELOPMENT CENTER, INCORPORATED.  
2925 DUFF RD  
LAKELAND, FL 33810

Subject: **LITTLE TOTS CHILD DEVELOPMENT CENTER, INCORPORATED.**

Reference Number: **P01000049579**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

*enclosed*

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MW  
ANNUAL REPORTS SECTION