

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90004 001 \*\*\*150.00

**DOCUMENT # P01000061777**

1. Entity Name  
**EASY HAVEN DAY CARE AND LEARNING CENTER, INC.  
OF CENTRAL FLORIDA**



Principal Place of Business

**519 CLARK STREET  
EATONVILLE, FL 32751**

Mailing Address

**519 CLARK STREET  
EATONVILLE, FL 32751**



**DO NOT WRITE IN THIS SPACE**

03152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3745364</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**DORTCH, SANDRA M  
2011 ROGERS AVE  
MAITLAND, FL 32751**

**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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, CLIFFORD P.O. BOX 2264 EATONVILLE, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, JACQUE 317 TEAKWOOD LANE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, IDELLA 515 CLARK ST #1 EATONVILLE, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, GEORGE P.O. BOX 2264 EATONVILLE, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVA TAYLOR 600 LIME ST EATONVILLE, FL 32751

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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:

*Clyde Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-16-04*  
Date

*-407-222-9534*  
Daytime Phone #