

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90038 015 \*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

**59-3745364**

Applied For

Not Applicable

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

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

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 **P** ☐ Delete  
NAME **TAYLOR, CLIFFORD**  
STREET ADDRESS **P.O. BOX 2264**  
CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE **S** ☐ Delete  
NAME **HARRIS, JACQUE**  
STREET ADDRESS **317 TEAKWOOD LANE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **T** ☐ Delete  
NAME **TAYLOR, IDELLA**  
STREET ADDRESS **515 CLARK ST #1**  
CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE **D** ☒ Delete  
NAME **TAYLOR, MARVA**  
STREET ADDRESS **600 LIME ST**  
CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE **P** ☐ Delete  
NAME **HARDY, GEORGE**  
STREET ADDRESS **P.O. BOX 2264**  
CITY-ST-ZIP **EATONVILLE FL 32751**

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  
NAME  
STREET ADDRESS  
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: *Clifford Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-28-05*

Date

*President*

Daytime Phone #