

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061777

FILED
Jul 07, 2006
Secretary of State

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

Current Principal Place of Business:

519 CLARK STREET
EATONVILLE, FL 32751

New Principal Place of Business:

Current Mailing Address:

519 CLARK STREET
EATONVILLE, FL 32751

New Mailing Address:

FEI Number: 59-3745364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, CLIFFORD
Address: P.O. BOX 2264
City-St-Zip: EATONVILLE, FL 32751

Title: S () Delete
Name: HARRIS, JACQUE
Address: 317 TEAKWOOD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: TAYLOR, IDELLA
Address: 515 CLARK ST #1
City-St-Zip: EATONVILLE, FL 32751

Title: P () Delete
Name: HARDY, GEORGE
Address: P.O. BOX 2264
City-St-Zip: EATONVILLE, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD TAYLOR

P

07/07/2006

Electronic Signature of Signing Officer or Director

Date