

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061777

FILED  
Feb 28, 2008  
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:**

TAYLOR, CLIFFORD  
600 IME STREET  
EATONVILLE, FL 32751 US

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: CLIFFORD TAYLOR

02/28/2008

Electronic Signature of Registered Agent

Date

**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 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: GEORGE HARDY

P

02/28/2008

Electronic Signature of Signing Officer or Director

Date