2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90336 001 ***316.50

DOCUMENT # P01000080490

1. Entity Name
TWINKLE TOES EARLY LEARNING CENTER, INC.

Principal Place of Business
399 N. ORANGE AVE.
ORANGE CITY, FL 32763

Mailing Address
399 N. ORANGE AVE.
ORANGE CITY, FL 32763

66409677

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

4. FEI Number 58-3738036 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WELLMAKER, KATHY
399 N ORANGE
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent
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 resigning) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME WELLMAKER, KATHY STREET ADDRESS 399 N. ORANGE AVE. CITY-ST-ZIP ORANGE CITY, FL 32763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME ELFRIEDA, MOYA STREET ADDRESS 960 CLAYTON DRIVE CITY-ST-ZIP DELTONA, FL 32725	☑ Delete	TITLE S NAME Heller, Fred STREET ADDRESS 329 Plantation Club Dr. CITY-ST-ZIP Debary, FL. 32713	☑ Change ☐ Addition
TITLE T NAME TOMPKINS, SCOTT E STREET ADDRESS 960 CLAYTON DRIVE CITY-ST-ZIP DELTONA, FL 32725	☑ Delete	TITLE T NAME Jackie Suggs STREET ADDRESS 1821 S. Houston Dr. CITY-ST-ZIP Deltona, FL. 32738	☑ Change ☐ Addition
TITLE S NAME HELLER, FRED STREET ADDRESS 329 PLANTATION CLUB DR CITY-ST-ZIP DEBARY, FL 32713	☑ Delete	TITLE S NAME Kathy Wellmaker STREET ADDRESS 329 Plantation Club Dr. CITY-ST-ZIP Debary, FL. 32713	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Kathy Wellmaker March 31, 2004 386-774-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #