

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
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66409677



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03302004 Chg-P CR2E034 (10/03)

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
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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 _____ (NOTE: Registered Agent signature required when re-registering) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLMAKER, KATHY 399 N. ORANGE AVE. ORANGE CITY, FL 32763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELFRIEDA, MOYA 960 CLAYTON DRIVE DELTONA, FL 32725 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Heller, Fred 329 Plantation Club Dr. DeBary, FL 32713 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMPKINS, SCOTT E 960 CLAYTON DRIVE DELTONA, FL 32725 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jackie Suggs 1821 S. Houston Dr. Deltona, FL 32738 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELLER, FRED 329 PLANTATION CLUB DR DEBARY, FL 32713 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kathy Wellmaker 329 Plantation Club Dr. 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)(f), 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 386-74-8600
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #