

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000088964

1. Entity Name
THE TREE HOUSE DAYCARE CENTER, INC.



Principal Place of Business
2807 OSPREY CREEK LANE
ORLANDO, FL 32825

Mailing Address
2807 OSPREY CREEK LANE
ORLANDO, FL 32825

05 APR -7 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3740877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAZARIO, JULIO J
2807 OSPREY CREEK LANE
ORLANDO, FL 32825

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MORET, NELLIE 2807 OSPREY CREEK LANE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NAZARIO, JULIO J 2807 OSPREY CREEK LANE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/16/05--01001--001 **150.00
700050987217
04/16/05--01001--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: Nellie Moret
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/05 (407) 275-823
Date Daytime Phone #