

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000099479	
1. Entity Name LOVING CARE CHILD DEVELOPMENT CENTER, INC.	



Principal Place of Business 1207 S. 28TH ST. FT. PIERCE FL 34947	Mailing Address 1207 S. 28TH ST. FT. PIERCE FL 34947
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2007570	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent LOGSDON, MARY 1207 S. 28TH ST. FT. PIERCE FL 34947
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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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PD LOGSDON, MARY S 3017 S. 8TH ST. FT. PIERCE FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INDIVIDUALS ☐ Change ☐ Add 03/23/06-80013-025 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOGSDON, TOMMY S 3017 S. 8TH ST. FT. PIERCE FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JULIAN D JR. 1207 S. 28TH ST. FT. PIERCE FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, RUTH H 213 #D MANATEE LANE FT. PIERCE FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JULIAN D SR. 213 #D MANATEE LANE FT. PIERCE FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Mary Logsdon Mary Logsdon 3/8/2006 772464-1
President Director