

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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



DO NOT WRITE IN THIS SPACE

D1102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2007570	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGSDON, MARY
1207 S. 28TH ST.
FT. PIERCE, FL 34947

**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, 2007 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	PD LOGSDON, MARY S 3017 S. 8TH ST. FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOGSDON, TOMMY S 3017 S. 8TH ST. FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JULIAN D JR. 1207 S. 28TH ST. FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, RUTH H 213 #D MANATEE LANE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JULIAN D SR. 213 #D MANATEE LANE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-60022-019.150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2006 7724404-1518
Date Daytime Phone #