


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/30/2004-90250-029-\$150.00-\$150.00

FILED

04 MAY 18 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110893 1. Entity Name UTRNIK NEK VILLAGE CHILDCARE, INC.		
Principal Place of Business 1224 ABRAHAM ST. TALLAHASSEE, FL 32304		Mailing Address 1224 ABRAHAM ST. TALLAHASSEE, FL 32304
2. Principal Place of Business 1224 Abraham St Suite, Apt. #, etc.	3. Mailing Address 1224 Abraham Suite, Apt. #, etc.	04202004 Chg-P CR2E034 (10/03)
City & State TALLAHASSEE FL	City & State Fla Tallahassee	4. FEI Number 59-3344470
Zip 32304	Country	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 CRENSHAW, PATRICIA G 263 WHITE OAK DR. TALLAHASSEE, FL 32310
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: <u>Patricia G. Crenshaw</u> <small>(NOTE: Registered Agent signature required when re-registering)</small> DATE:
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CRENSHAW, PATRICIA G 263 WHITE OAK DR TALLAHASSEE, FL 32310	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Patricia G. Crenshaw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>May 17, 2004</u> <small>Date Daytime Phone #</small>