

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90217 033 ***150.00

DOCUMENT # P01000117179

1. Entity Name
J & J DAYCARE AND LEARNING CENTER, INC.



Principal Place of Business
**1420 OAKHURST AVE
JACKSONVILLE, FL 32208**

Mailing Address
**7524 NORTHSHORE DRIVE
JACKSONVILLE, FL 32208**

60033142



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3736355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRELL, JOAN R
7524 NORTH SHORE DRIVE
JACKSONVILLE, FL 32208**

**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

Joan R Harrell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	<i>RAAUEL</i> HARRELL, JOAN ROAKELL
STREET ADDRESS	7524 NORTH SHORE DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *X*

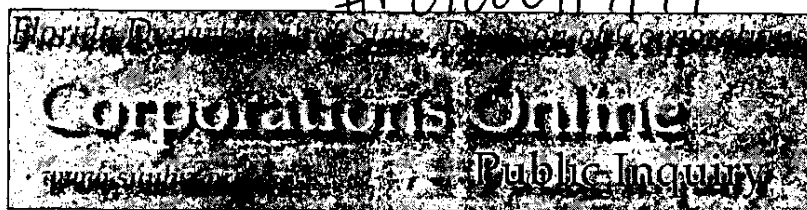
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06

Date

7682800

Daytime Phone #



Florida Profit

J & J DAYCARE AND LEARNING CENTER, INC.

PRINCIPAL ADDRESS

1420 OAKHURST AVE
JACKSONVILLE FL 32208
Changed 04/16/2003

MAILING ADDRESS

7524 NORTSHORE DRIVE
JACKSONVILLE FL 32208
Changed 04/21/2005

Document Number
P01000117179

FEI Number
593736355

Date Filed
12/10/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
HARRELL, JOAN R 7524 NORTH SHORE DRIVE JACKSONVILLE FL 32208
Name Changed: 04/05/2004
Address Changed: 04/05/2004

Officer/Director Detail

Name & Address	Title
HARRELL, JOAN ROAKELL 7524 NORTH SHORE DRIVE JACKSONVILLE FL 32208	PD

Annual Reports

ATTACHMENT

10033142

P01000117179

Report Year	Filing Date
2003	04/16/2003
2004	04/05/2004
2005	04/21/2005

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No Events

No Name History Information

Document Images

Listed below are the images available for this filing.

[04/21/2005 -- ANN REP/UNIFORM BUS REP](#)
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[04/16/2003 -- ANN REP/UNIFORM BUS REP](#)
[04/16/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[12/10/2001 -- Domestic Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Inquiry](#)[Corporations Help](#)