

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 NORTHSORE DRIVE
JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

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

05-02-2006 90217 033 ***150.00

60033142



01132006 No Chg-P CR2E034 (11/05)

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	<i>R. Harrel</i>
NAME	HARRELL, JOAN ROAKELF	
STREET ADDRESS	7524 NORTH SHORE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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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

Joan R. Harrell

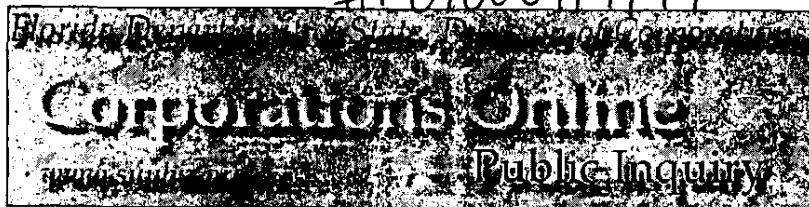
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 NORTHSHERE 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	Filed 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
04/05/2004 -- ANN REP/UNIFORM BUS REP
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](#)