

FILED
Apr 24, 2007 08:00 AM
Secretary of State

2007 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01092007	Chg-P CR2E034 (12/06)
		4. FEI Number 59-3736355	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRELL, JOAN R 7524 NORTH SHORE DRIVE JACKSONVILLE, FL 32208		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>Joan Harrell</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>1-9-07</u> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD HARRELL, JOAN ROAKELL 7524 NORTH SHORE DRIVE JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000728090 05/07/07-80003-011 150.00
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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: <u>Joan R Harrell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/23/07</u> Daytime Phone # <u>904-768-2800</u>	