2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2005 08:00 AM Secretary of State

DOCUMENT # P01000122316 1. Entity Name MERRY-GO-ROUND DAYCARE & PRESCHOOL, INC.				Secretary or State
Principal Place 49 SE 2ND A WEBSTER, FL		Mailing Address 49 SE 2ND AVENUE WEBSTER, FL 33597		
		The state of the s	e Tanana a Disawa	
DO NOT WRITE IN THIS SPACE				02022005 No Chg-P CR2E034 (10/03)
				4. FEI Number Applied For 81-0547584 Not Applicable
				81-0547584 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
LONG, CRYSTAL 8281 COUNTY ROAD 747 WEBSTER, FL 33597			 	DO NOT WRITE
7,120,121	4.1 23331			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 refinsiating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND D	DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP	LONG, CRYSTAL 8311 CR 747 WEBSTER, FL 33597			#00000224508 02/11/05-80002-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				02/11/U5-80002-002 150.00
TITLE NAME STREET ADDRESS			al esta	DO NOT WRITE
CITY-SY-ZIP TITLE				IN THIS SPACE
name Street address City+SY-Zip				IN THIS STACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 cath; 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 OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Date Date Date Date Date Date Date				