2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 23, 2004 08:00 AM Secretary of State

ANNOAL KLI OKI				Con-242 2 C C 4 - 4 -			
DOCUMENT # P0200007122 1. Entity Name MARGIE'S HOME DAY CARE INC.				Secretary of State			
Bringing Disc	ce of Business	Mailing Address		1	-	•	
Principal Place of Business Mailing Address 1903 BRILL DRIVE 1903 BRILL DRIVE				1			
LUTZ, FL 33		LUTZ, FL 33549					
1 2012,12 3	3343	2012,12 03045					
				02022004 No Chg-P CR2E034 (10/03)			
L	O NOT WRITE	IN THIS SPA	\C E	4. FEI Number		Applied For	
			在10年3月1日	90-00040	56	Not Applicable	
				5. Certificate of	Status Desired	\$8.75 Additional	
 	6. Name and Address of Current Re	gistered Agent				Fee Required	
	6. Name and Address of Current Re	distered Agent				ing perfektioners om i 1985-pipe mer Kalandar med 1985 betyden selven militar	
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8. The above named entity submits this statement for the purpose of cnanging 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							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fir Trust Fund Contributio		.00 May Be ed to Fees			
10.	_OFFICERS AND DIF	RECTORS		Control of the State of the Sta	eren er	ever in the case while the said	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKHOUSER, MARGIE 1903 BRILL DRIVE LUTZ, FL 33549			02	U0000000628 /23/04-801	145 17-022 150.00	
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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.							
CICKLAT				- IX 77 I	_ ci	17 \ A . 177 - A #.	