

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007122

FILED
Apr 22, 2009
Secretary of State

Entity Name: MARGIE'S HOME DAY CARE INC.

Current Principal Place of Business:

1903 BRILL DRIVE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

1903 BRILL DRIVE
LUTZ, FL 33549

New Mailing Address:

FEI Number: 90-0004056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKHOUSER, MARGIE
1903 BRILL DRIVE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

BROOKHOUSER, MARGIE OWNER
1903 BRILL DRIVE
LUTZ, FL 33549 US

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.

SIGNATURE: MARGIE BROOKHOUSER

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROOKHOUSER, MARGIE
Address: 1903 BRILL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROOKHOUSER, MARGIE OWNER
Address: 1903 BRILL DRIVE
City-St-Zip: LUTZ, FL 33549 US

Title: P () Change (X) Addition
Name: BROOKHOUSER, MARGIE OWNER
Address: 1903 BRILL DRIVE
City-St-Zip: LUTZ, FL 33549 US

Title: P () Change (X) Addition
Name: BROOKHOUSER, MARGIE OWNER
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Title: P () Change (X) Addition
Name: BROOKHOUSER, MARGIE OWNER
Address: 1903 BRILL DRIVE
City-St-Zip: LUTZ, FL 33549 US

Title: P () Change (X) Addition
Name: BROOKHOUSER, MARGIE OWNER
Address: 1903 BRILL DRIVE
City-St-Zip: LUTZ, FL 33549 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGIE BROOKHOUSER

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date