


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P02000019781</b> 1. Entity Name LITTLE BUDDIES 24 HOUR DAY CARE, INC.	
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Principal Place of Business 2429 S RAMONA CIRCLE TAMPA, FL 33612-8415	Mailing Address 2429 S RAMONA CIRCLE TAMPA, FL 33612-8415
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02112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2223706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  JANEZIC, JOSEPH 4815 E BUSCH BLVD. SUITE 113 TAMPA, FL 33617
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: Molunese 2/13/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000062571  
02/23/04-80127-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLVERE, FRANCIS 2429 S RAMONA CIRCLE TAMPA, FL 336128415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLOCK, CHAZ 2429 S RAMONA CIRCLE TAMPA, FL 336128415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCIS, VENETA 2429 S RAMONA CIRCLE TAMPA, FL 336128415
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Molunese 2/13/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #