

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023624

Entity Name: CLB CHILDCARE, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

CLB CHILDCARE, INC  
7713 HWY 77  
SOUTHPORT, FL 32409

## New Principal Place of Business:

## Current Mailing Address:

CLB CHILDCARE, INC.  
7713 HWY 77  
SOUTHPORT, FL 32409

## New Mailing Address:

FEI Number: 30-0067585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAUSEY, CINDY L  
805 INDIANA AVE  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAUSEY, CINDY L  
Address: 805 INDIANA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

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: PRES (X) Change ( ) Addition  
Name: CAUSEY, CINDY L  
Address: 805 INDIANA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Change (X) Addition  
Name: MORRIS, SHANNON  
Address: 13738 FIDDLERGREEN RD  
City-St-Zip: PANAMA CITY, FL 32409

Title: SEC ( ) Change (X) Addition  
Name: MILLER, RACHEL  
Address: 7713 HWY 77  
City-St-Zip: SOUTHPORT, FL 32409

Title: SEC ( ) Change (X) Addition  
Name: MILLIRON, MICHELLE  
Address: 10905 LAS VEGAS ST.  
City-St-Zip: PANAMA CITY, FL 32466

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: CINDY CAUSEY

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date