

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000033203

1. Entity Name
TOYS-N-TOTS EDUCATIONAL PRESCHOOL, INC.



Principal Place of Business
**614 OSCEOLA ST.
TALLAHASSEE, FL 32301**

Mailing Address
**614 OSCEOLA ST.
TALLAHASSEE, FL 32301**



08212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0646375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, RITA
614 OSCEOLA ST.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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 reinstating)

000000575204
08/24/06-80005-007 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, RITA
STREET ADDRESS	802 SHANNON ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	D
NAME	WALKER, REGINALD
STREET ADDRESS	802 SHANNON ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Retia Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-06

Date

Daytime Phone #