

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 08:00 A
Secretary of State

DOCUMENT # P02000034589

1. Entity Name
CAROUSEL PRESCHOOL, INC.



Principal Place of Business
17892 MELLE LANE
JUPITER, FL 33478

Mailing Address
17892 MELLE LANE
JUPITER, FL 33478



08202006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0418316

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FARRELL, RICEY L
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952

**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)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOOTS, NANCY A 17892 MELLE LANE JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOOTS, RORY R 17892 MELLE LANE JUPITER, FL 33478
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000000575336
08/25/06-80005-022 550.00

**DO NOT WRITE
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: Nancy Moots Nancy MOOTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/06 (561) 758-9913

Date Daytime Phone #