### 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P02000047428**

GREEN ACRES CHILD CARE CENTER, INC.



07-30-2004 90006 014 \*\*\*150.00

**FILED** 

Jul 30, 2004 8:00 am Secretary of State

Principal Place of Business

Mailing Address

POST OFFICE BOX 15791 TALLAHASSEE, FL 32317 POST OFFICE BOX 15791 TALLAHASSEE, FL 32317

'.		
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zio Couetry	Zio Country	_

07062004 CR2E034 (10/03) Chg-P

44050837

Applied For 4. FEI Number APPLIED FOR Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DATE

- - 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, DWAYNE K

Street Address	(P.O. Box Nu	ımber is Not A	cceptable)			
	· · · · · · · · · · · · · · · · · · ·		···			
City		<del></del>	<del></del>	FL	Zip Code	

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.

(HOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEÈ IS \$550.00

Signature, typed or printed name of registered agent and title if applicable.

3924 MAYFLOWER COURT TALLAHASSEE, FL 32303

SIGNATURE.

9. Election Campaign Financing

\$5.00 May Be

D	ue by September 8, 2004	Trust Fund Contr	ribution. $\square$	Added to Fees	<del>-</del>				
10.	10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, VERNICE N 3924 MAYFLOWER COURT TALLAHASSEE, FL 32303	Delete	IITLE NAME STREET ADDRESS CHY-ST-ZIP		CI	nange	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, DWAYNE K POST OFFICE BOX 15791 TALLAHASSEE, FL 32317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ci	hange	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		_ c	hange	Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CI	hange	Addition		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	;	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		CI	nange	Addition		
TITLE  NAME.  STREET ADDRESS  CITY-ST-ZIP	7	☐ Delete	TITLE NAME STREET ADDRESS CHY-SI-7IP		C	hange	☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath; 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.

Afforchment ions 44050837



# **Division of Corporations**

2004 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

P020000474

GREEN ACRES CHILD CARE CENTER, INC. Business Entity Name

Original File Date

04/30/2002

FEI Number

Applied For

Principal Address

POST OFFICE BOX 15791

TALLAHASSEE, FL 32317

Mailing Address

**POST OFFICE BOX 15791** TALLAHASSEE, FL 32317

Registered Agent DWAYNE K GREEN

3924 MAYFLOWER COURT TALLAHASSEE, FL 32303 US

#### Officer/Director Name And Address

D VERNICE N HENDERSON 3924 MAYFLOWER COURT TALLAHASSEE, FL 32303

DWAYNE K GREEN POST OFFICE BOX 15791 TALLAHASSEE, FL 32317

Payment was received but check was returned (although I never received check back) due to annual report not er May 1 of each year, a late charge of \$400.00 is imposed, except in attached M After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check

this box if notice was not received.

Here is the annual report with check again.

Thank you in advance for your cooperation.

Verwie Herden