

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-31-2005 90001 022 ****88.75
P02000055605
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 AM 8:30

50053079



07/01/04 60017 008 \$56.25
05022005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000055605	
1. Entity Name ALL NIGHT SLEEP TIGHT CHILDCARE CENTER, INC.	



Principal Place of Business 1941 ROBERT J. CONLAN BLVD. PALM BAY, FL 39205	Mailing Address 1941 ROBERT J. CONLAN BLVD. PALM BAY, FL 39205
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2. Principal Place of Business 1941 Robert J. Conlan Blvd	3. Mailing Address 1941 Robert J. Conlan
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Bay FL	City & State Palm Bay FL
Zip 32905	Zip 32905
Country Brevard	Country Brevard

4. FEI Number 42-1503431	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARSHALL, MELANIE 2880 POMELLO RD. MALABAR, FL 32905

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Melanie Marshall</u> DATE <u>8/23/05</u>
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FILE NOW!!! FE2 IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST MARSHALL, MELANIE 2880 POMELLO RD. MALABAR, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MARSHALL, JOHN E 2880 POMELLO RD. MALABAR, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Marshall, Melanie</u>	Date <u>8/23/05</u>

50053079

All Night Sleep Tight Childcare Center, Inc.
1941 Robert J. Conlan Blvd., NE
Palm Bay, FL 32905
Phone: 321-674-5057
License#05-51-055880



4/29/05

Attn: Ms. Kathy Ashton

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: P02000055605

Dear Ms. Ashton:

As per our conversation back in February 2005 enclosed please find a check in the amount of \$88.75 the balance of 2004 Annual Report fees. Also please find a copy of online payment transaction of \$61.25 dated 6/28/04. We are now aware of the Annual Report timeline regulations, deadlines and dates. We appreciate all the courtesies that you all have extended to us. Thank you.

Sincerely,

Melanie Marshall

All Night Sleep Tight Child Care Center
Melanie Marshall
Owner/Operator