

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073971

FILED  
Jan 09, 2004  
Secretary of State

**Entity Name:** LITTLE RASCALS DAY CARE, INC.

**Current Principal Place of Business:**

9074 BAY DRIVE  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

9074 BAY DRIVE  
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number:** 82-0551557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEVE, VINCENZA MRS  
9074 BAY DR  
SPRING HILL, FL 34606 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** NEVE, VINCENZA  
**Address:** 1035 KINGS CROSS ROAD  
**City-St-Zip:** SPRING HILL, FL 34609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** VINCENZA NEVE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

01/09/2004

\_\_\_\_\_  
Date