

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000083152

**Entity Name:** ADVENTURES N BABYSITTING, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10544-48 LAKE STREET CHARLES BLVD  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

10544-48 LAKE STREET CHARLES BLVD  
RIVERVIEW, FL 33578

**New Mailing Address:**

FEI Number: 83-0351065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, VANDRESE  
10906 SUMMERTON DRIVE  
RIVERVIEW, FL 33579 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WILLIAMS, VANDRESE  
Address: 10906 SUMMERTON DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

Title: VD  
Name: WILLIAMS, MICHAEL A  
Address: 10906 SUMMERTON DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

I hereby 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 all other like empowered.

SIGNATURE: VANDRESE WILLIAMS

Electronic Signature of Signing Officer or Director

PRES

01/06/2011

Date