

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90041 008 ***150.00

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1. Entity Name
CREATIVE CHILD LEARNING CENTER, INC. IV



Principal Place of Business
~~150 WESTON ROAD~~ 1305 SW 101 RD
SUNRISE, FL 33326 DAVIE, FL.
33324

Mailing Address
150 WESTON ROAD
SUNRISE, FL 33326

07071000



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
31-0566611 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

AUFRICHTIG, JOAN
150 WESTON RD
FT LAUDERDALE, FL 33326

**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 Joan Aufrichtig JOAN AUFRICHTIG 3/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>AUFRICHTIG STMS.</u>
NAME	AUFRICHTIG, JOAN M
STREET ADDRESS	150 WESTON ROAD
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	<u>AGER, BRIAN, PRES</u>
NAME	AGER, BRIAN
STREET ADDRESS	150 WESTON ROAD
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	<u>AGER, EILEEN, V.P.</u>
NAME	AGER, EILEEN
STREET ADDRESS	150 WESTON ROAD
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Joan Aufrichtig, Secy/Treas. 3/30/04 954-389-8245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #