


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90063 008 \*\*\*150.00

<b>DOCUMENT # P02000406784</b>			
1. Entity Name <b>JUST FOR KIDS DAYCARE CENTER OF BRADFORD COUNTY, INC.</b>			
Principal Place of Business <b>6539 S.E. COUNTY ROAD 18 HAMPTON FL 32044</b>		Mailing Address <b>6539 S.E. COUNTY ROAD 18 HAMPTON FL 32044</b>	
2. Principal Place of Business <b>6539 SE CR 18</b>		3. Mailing Address <b>6539 SE CR 18</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hampton, FL</b>		City & State <b>Hampton</b>	
Zip <b>32044</b>	Country <b>Bradford</b>	Zip <b>32044</b>	Country <b>Bradford</b>
6. Name and Address of Current Registered Agent <b>TAYLOR, JAMES J JR 420 SOUTH LAWRENCE BLVD KEYSTONE HEIGHTS FL 32656</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAKER, ANITA J PO BOX 90 HAMPTON FL 32044 <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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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:** Anita J. Baker **2-14-04** **(352) 468-1427**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #