


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90036 023 \*\*\*550.00

<b>DOCUMENT # P03000016363</b>					
<b>1. Entity Name</b> SUNNY DAZE PRESCHOOL EAST, INC.					
<b>Principal Place of Business</b> 9922 EAST STATE RT 64 E BRADENTON, FL 34212			<b>Mailing Address</b> 9922 EAST STATE RT 64 E BRADENTON, FL 34212		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08032006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 54-2092574				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DESANTIS, DONNA L 2308 S WELLESLEY DR BRADENTON, FL 34202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>			<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESANTIS, DONNA L 2308 S WELLESLEY DR BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Desantis, Donna L 4509 35th Ave Cir E PALMETTO, FL 34221	<input checked="" 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
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
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

**ATTACHMENT**  
**40102978**  
**Division of Corporations**

**Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

**Document Number**

P03000016363

**Business Entity Name**SUNNY DAZE PRESCHOOL EAST,  
INC.**FEI Number**

542092574

**FEI Number Status****Certificate of Status Desired**

No

**Election Campaign Financing Trust Fund  
Contribution**

No

**Principal Place of Business****Address** 9922 EAST STATE RT 64**Suite, Apt. #, etc.****City, State** BRADENTON, FL**Zip Code & Country** 34212**Mailing Address****Address** 9922 EAST STATE RT 64**Suite, Apt. #, etc.****City, State** BRADENTON, FL**Zip Code & Country** 34212**Name and Address of Registered Agent****Name (Last, First, Middle, Title)** DESANTIS, DONNA , L**Address** 4577 35TH AVE. CIRCLE EAST**Suite, Apt. #, etc.****City, State** PALMETTO, FL**Zip Code & Country** 34221 US**Registered Agent Signature****Officer/Director Name and Address****Title** D**Name (Last, First, Middle, Title)** DESANTIS, DONNA , L**Street Address** 4577 35TH AVE. CIRCLE EAST

Division of Corporations

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**City, State**

PAMETTO, FL

**Zip Code & Country**

34221

40102978

#P03000016363

**Title**

D

**Officer/Director Signature** DONNA L DESANTIS

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**Division of Corporations****Annual Report**[Annual Report Help](#)

Document Number

**P03000016363**

Business Entity Name

**SUNNY DAZE PRESCHOOL EAST, INC.**

FEI Number

**542092574**

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

**9922 EAST STATE RT 64**

Suite, Apt. #, etc.

City, State

**BRADENTON****FL**

Zip Code &amp; Country

**34212****Mailing Address**

Address

**9922 EAST STATE RT 64**

Suite, Apt. #, etc.

City, State

**BRADENTON****FL**

Zip Code &amp; Country

**34212****Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**DESANTIS****DONNA****L****- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

**4577 35th Ave. Circle East**

Suite, Apt. #, etc.

City, State

**Palmetto****FL**

Zip Code &amp; Country

**34221****US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

D

Name (Last, First, Middle, Title)

DESANTIS

DONNA

L

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

4577 35th Ave. circle East

City, State

Pametto

FL

Zip Code &amp; Country

34221

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Division of Corporations

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

D

Officer/Director Signature Donna L DeSantis

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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