

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90470 037 ***150.00

DOCUMENT # P03000027817

1. Entity Name

J & J FAMILY CHILDCARE INC.



Principal Place of Business

**1864 BOGGY CREEK RD.
KISSIMMEE FL 34744**

Mailing Address

**1864 BOGGY CREEK RD.
KISSIMMEE FL 34744**

2. Principal Place of Business

*1864 Boggy Creek Rd
Suite, Apt. #, etc.
Kissimmee, FL 34744*

3. Mailing Address

*1864 Boggy Creek Road
Suite, Apt. #, etc.
Kissimmee, FL*



MOORE

CR2E034 (11/03)

4. FEI Number

77-0593511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVILA, IRMA
1864 BOGGY CREEK RD.
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name *Irma L. Davila* *W/A*

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Irma L. Davila

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/2004

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DAVILA, IRMA**
STREET ADDRESS **1864 BOGGY CREEK RD.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Irma L. Davila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2004

Date

Daytime Phone #