2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

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DOCUMENT # P03000040275 1. Entity Name COZY CARE NURSERY, INC.				04-19-2004 90736 029 ***150.00			50.00			
Principal Place	of Business	Mailing Address				•				
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1022 PRINCE ROAD ST. AUGUSTINE, FL 32086		1022 PRINCE ROAD ST. AUGUSTINE, FL 32086		i						
31. AUGUSTINI	E, FL 32000	31. AUGUSTINE, FE 320	000							
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2. Principal Pla	ice of Business	3. Mailing Address								
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Suite, Apt. #, etc.										
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City & State		City & State			4. FEI Numbe	<u> </u>	· · · · · · · · · · · · · · · · · · ·	I IAn	plied For	
City & State		City & State			11-3684				t Applicable	
7:0	Country	Zip	Country		11-200	+304				
Zip	Country	Zip	Country		Certificate	of Status Desired		\$8.75 Add Fee Require		
· · · · · · · · · · · · · · · · · · ·		 			7 N	Address of New	BI-4		<u> </u>	
	6. Name and Address of Current F	negistered Agent	Name_		7. Name and	Address of New	Hegistered	Agent		
DVAN IOC	FRUNE D		INAMIO.	·			***			
RYAN, JOSEPHINE D 1022 PRINCE ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	STINE, FL 32086						,			
ST. AUGUS	TINE, FL 32000									
~ <u>,</u>						 ,				
			City				Fi	Zip Code	e	
• The shove r	named entity submits this statement for	the nurness of changing its	registered office o	- register	ad agent or bo	h in the State of F			and accept	
	named entity submits this statement for ons of registered agent.	title harbose or crianding va	registered office o	Liediore.	ed agent, or 50	III, III IIIO SIAIO GEE	TOHUA. FAI	Nianima win,	and acceb:	
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SIGNATURE	· · · · · · · · · · · · · · · · · · ·								1	
9	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signat	ture required	when reinstating)		DATE			
	Signature, typed or printed name of registered agent a			ture required	when reinstating)		DATE			
FILE	NOWILL FEE IS \$150.00	9. Election Campai	gn Financing	\$5.	00 May Be		DATE			
FILE	(18) 2005	9. Election Campai	gn Financing	\$5.	_		DATE	, ,		
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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:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-17-04 904-797-7418
Date Daytime Phone #