2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004
Secretary of State

DOCUMENT# P03000067388

Entity Name: ABUNDANT JOY FAMILY HOME DAY CARE INC.

Current Principal Place of Business:

436 ACME STREET
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

436 ACME STREET
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 81-0624020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDANIEL, TARA B
436 ACME STREET
JACKSONVILLE, FL 32211

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MC DANIEL, TARA B	
Address:	436 ACME STREET	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	V	( ) Delete
Name:	MC DANIEL, ANTHONY	
Address:	436 ACME STREET	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	V	( ) Delete
Name:	SWAIN, ELLAFAIR	
Address:	11796 TUNBLEWEED WAY	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	S	( ) Delete
Name:	HESTER, LLOYD	
Address:	8120 GRAMPELL DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	T	( ) Delete
Name:	BROWN, BEVERLY	
Address:	11133 ARISTIDES WAY	
City-St-Zip:	JACKSONVILLE, FL 32218	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA MCDANIEL P 07/26/2004

Electronic Signature of Signing Officer or Director — Date