

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077325

Entity Name: SAFE CHILDCARE, INC.

FILED  
Apr 19, 2004  
Secretary of State

## Current Principal Place of Business:

3591 SOUTH KERNAN BLVD.  
SUITE # 336  
JACKSONVILLE, FL 32224 US

## New Principal Place of Business:

## Current Mailing Address:

3591 SOUTH KERNAN BLVD.  
SUITE # 336  
JACKSONVILLE, FL 32224 US

## New Mailing Address:

FEI Number: 38-3684956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PIERI, JASON M SR.  
3591 SOUTH KERNAN BLVD.  
SUITE # 336  
JACKSONVILLE, FL 32224 US

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PIERI, JASON M SR.  
Address: 3591 SOUTH KERNAN BLVD. SUITE # 336  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPD ( ) Delete  
Name: KEMP, ROBERT T  
Address: 3591 SOUTH KERNAN BLVD. SUITE # 336  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: SD ( ) Delete  
Name: TRUITT, JEFFREY J  
Address: 3591 SOUTH KERNAN BLVD. SUITE # 336  
City-St-Zip: JACKSONVILLE, FL 32224 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PIERI, JASON M SR.  
Address: 3591 SOUTH KERNAN BLVD. SUITE # 336  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP (X) Change ( ) Addition  
Name: KEMP, ROBERT T  
Address: 7064 SHADY PINE STREET WEST  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: SEC (X) Change ( ) Addition  
Name: TRUITT, JEFFREY J  
Address: P.O. BOX 53245  
City-St-Zip: CINCINNATI, OH 45253 US

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: JASON M. PIERI SR.

P

04/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date