

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90043 003 ***150.00

DOCUMENT # P03000090740

1. Entity Name

KIDS VOICE CHILD CARE CENTER, INC.



Principal Place of Business

9062 SW 20TH PLACE
MIRAMAR, FL 33025

Mailing Address

9062 SW 20TH PLACE
MIRAMAR, FL 33025

50057729



2. Principal Place of Business

14617 Royal Pines Court

Suite, Apt. #, etc.

3. Mailing Address

14617 Royal Pines Court

Suite, Apt. #, etc.

07212005

Chg-P

CR2E034 (10/03)

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

36-4521476

Applied For

Not Applicable

Zip

34711

Country

Zip

34711

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, FITZPATRICK
9062 SW 20TH PLACE
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name

Raymonde Patrice McNally

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

14617 Royal Pines Court

City
Clermont

FL

Zip Code
34711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/05

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MCNALLY, RAYMONDE
STREET ADDRESS 9062 SW 20TH PLACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14617 Royal Pines Court
CITY-ST-ZIP Clermont, FL 34711

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #