## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all-other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Sep 08, 2004 8:00 am Secretary of State DOCUMENT # P03000092979 1. Entity Name 09-08-2004 90114 018 \*\*\*550.00 BLUEPRINTS FOR LIFE CHILD CARE CENTER CORP. Principal Place of Business Mailing Address 10958 HORSE TRACK DR. 10958 HORSE TRACK DR. 24071783 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address 6247 Ricker Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Jacksonville 04-37704609 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURKETT, AARON L Street Address (P.O. Box Number is Not Acceptable) 10958 HÓRSE TRACK DR. JACKSONVILLE FL 32257 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Addition TITLE ☐ Chanαe BURKETT, BEVERLY Y NAME NAME 10958 HORSE TRACK DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME HICKS-TOWNSEND, JO ANN NAME STREET ADDRESS 10958 HORSE TRACK DR. STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE CFO ☐ Delete TITLE ☐ Change Addition BURKETT, AARON L NAME STREET ADDRESS 10958 HORSE TRACK DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURKETT, CHIMERE NAME 10958 HORSE TRACK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

Blueprints For Life Child Care Center # \$03000092579
6247 Ricker Road
Jackson Ville, F1 32244

Annual Report:

- 1.) All Officers/Directors Were Present on Aug. 30, 2004.
- 2.) During 2003, no income was received.
- 3) Blueprints For Life Childcare Center Was open for business on April 5, 2004.
- 4.) Summary of business will be review in December, 2004.
- 5) Next meeting date will be set in 2 weeks.
- (1) Everyone agreed and was dismissed.

Recorder/Schetary Chimere Burkett. 8/30/2004