


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90432 001 \*\*\*150.00  
03-16-2006 90432 002 \*\*\*\*10.00

<b>DOCUMENT # P04000016965</b>	
1. Entity Name PHILISHA'S FAMILY CHILD CARE INC.	

Principal Place of Business 1537 W. 19TH STREET RIVIERA BEACH, FL 33404	Mailing Address 1537 W. 19TH STREET RIVIERA BEACH, FL 33404
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2. Principal Place of Business <i>same</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip <i>U.S.A</i>	Country <i>USA</i>

01272006 Chg-P CR2E034 (11/05)

4. FEI Number  
14-1898994

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNIGHTEN-IVORY, KRISTAL 1065 W. 27TH STREET RIVIERA BEACH, FL 33404	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 *Kristal Ivory* DATE *2/2/06*

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHTEN, PHILISHA 153720-19TH ST RIVIERA BCH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *R. Ivory* Date Daytime Phone #

ATTACHMENT

66005568

3-13-06

To: Florida Dept. of Revenue/ Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Articles of Incorporations Ref# po4000016965

Please send a copy of my articles of incorporation to 1537 W. 19<sup>th</sup> St. Riviera Beach, Fl

33404. Included with this request is a \$10.00 money order.

Thank you,

  
Philsha Knighten