


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P04000024593 | |  |
| 1. Entity Name JOLLY JO'S CHILD CARE CENTER, INC. | | |

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|---|---|
| Principal Place of Business 1702 GIBBS DR TALLAHASSEE, FL 32303 | Mailing Address 1702 GIBBS DR TALLAHASSEE, FL 32303 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
05 FEB 23 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
|---|-------|-----------------|-------------------------------|
| 02232005 | Chg-P | CR2E034 (10/03) | <i>MRS</i> |
| 4. FEI Number 59-2558081 | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | Applied For Not Applicable |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DYER, JOANNE A 1016 RICHMOND ST TALLAHASSEE, FL 32304 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | State 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 _____ | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|---|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DYER, JOANNE A | NAME | |
| STREET ADDRESS | PO BOX 37141 | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32315 | CITY-ST-ZIP | |
| TITLE | VST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DYER, NATHANIEL | NAME | |
| STREET ADDRESS | PO BOX 37141 | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32315 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

6000471386
02/23/05--01013--026 **158.75

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.

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|-------------------------|--|---------------------|-----------------------|
| SIGNATURE: _____ | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 2/23/05 | Daytime Phone # _____ |
|-------------------------|--|---------------------|-----------------------|