

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # R04000024593

1. Entity Name
JOLLY JO'S CHILD CARE CENTER, INC.



06 MAR -8 PM 2:36

TALLAHASSEE, FLORIDA

Principal Place of Business
1702 GIBBS DR
TALLAHASSEE, FL 32303

Mailing Address
1702 GIBBS DR
TALLAHASSEE, FL 32303

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



03082006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2558081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DYER, JOANNE A
1016 RICHMOND ST
TALLAHASSEE, FL 32304

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 _____
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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DYER, JOANNE A PO BOX 37141 TALLAHASSEE, FL 32315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400068113494 03/20/06--01030--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DYER, NATHANIEL PO BOX 37141 TALLAHASSEE, FL 32315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

Date Daytime Phone #