


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000024593</b> 1. Entity Name <b>JOLLY JO'S CHILD CARE CENTER, INC.</b>						<b>FILED</b> <b>08 MAY 30 AM 10:21</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1702 GIBBS DR</b> <b>TALLAHASSEE, FL 32303</b>				Mailing Address <b>1702 GIBBS DR</b> <b>TALLAHASSEE, FL 32303</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>DYER, JOANNE A</b> <b>1016 RICHMOND ST</b> <b>TALLAHASSEE, FL 32304</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DYER, JOANNE A</b> <b>PO BOX 37141</b> <b>TALLAHASSEE, FL 32315</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M. Dyer</i> <b>P.O. Box 37141</b> <b>TALL FL 32315</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VOT</b> <b>DYER, NATHANIEL</b> <b>PO BOX 37141</b> <b>TALLAHASSEE, FL 32315</b> <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		
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		
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		
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.							
<b>SIGNATURE:</b> _____ <b>5/30/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							