

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024593

FILED  
Feb 18, 2009  
Secretary of State

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

## Current Principal Place of Business:

1702 GIBBS DR  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

1702 GIBBS DR  
TALLAHASSEE, FL 32303

## New Mailing Address:

FEI Number: 59-2558081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DYER, JOANNE A  
1016 RICHMOND ST  
TALLAHASSEE, FL 32304      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DYER, JOANNE A  
Address: PO BOX 37141  
City-St-Zip: TALLAHASSEE, FL 32315

Title: VT ( ) Delete  
Name: DYER, NATHANIEL  
Address: PO BOX 37141  
City-St-Zip: TALLAHASSEE, FL 32315

Title: S ( ) Delete  
Name: DYER, N. OMAR  
Address: P.O. BOX 37141  
City-St-Zip: TALLAHASSEE, FL 32315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DYER, NAEEMAH  
Address: P.O. BOX 37141  
City-St-Zip: TALLAHASSEE, FL 32315

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE DYER

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date