

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044887

1. Entity Name
WATCH ME GROW CHILD CARE, INC.



Principal Place of Business
2606 MAYFAIR RD
TALLAHASSEE, FL 32303

Mailing Address
2606 MAYFAIR RD
TALLAHASSEE, FL 32303

2. Principal Place of Business
431 W. Virginia St
Suite, Apt. #, etc.
Tallahassee FL
City & State

3. Mailing Address
431 W. Virginia St
Suite, Apt. #, etc.
Tallahassee FL
City & State

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
81-0645627
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, ANNETTE
2606 MAYFAIR RD
TALLAHASSEE, FL 32303

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

Annette Evans

4-28-05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	EVANS, ANNETTE	2606 MAYFAIR RD	TALLAHASSEE, FL 32303	<input type="checkbox"/>
V	EVANS, TIMOTHY	2606 MAYFAIR RD	TALLAHASSEE, FL 32303	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Annette Evans
Annette Evans

4/27/05

531.9961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 APR 28 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

