


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000044887	
1. Entity Name WATCH ME GROW CHILD CARE, INC.	

Principal Place of Business 431 W VIRGINIA ST TALLAHASSEE, FL 32301	Mailing Address 431 W VIRGINIA ST TALLAHASSEE, FL 32301
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07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0645627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
EVANS, ANNETTE 2606 MAYFAIR RD TALLAHASSEE, FL 32303	

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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, ANNETTE 2606 MAYFAIR RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, TIMOTHY 2606 MAYFAIR RD TALLAHASSEE, FL 32303
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/21/06-80002-011 150.00

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: *Annette Evans*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06 *850 531.9961*
Date Daytime Phone #