

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90103 002 *****8.75
04-13-2005 90103 001 ***150.00

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DOCUMENT # P04000076530 1. Entity Name WALKER FAMILY DAY CARE, INC.					
Principal Place of Business 416 COTTAGE COVE COURT ORANGE PARK, FL 32073			Mailing Address 416 COTTAGE COVE COURT ORANGE PARK, FL 32073		
2. Principal Place of Business <i>See above</i>		3. Mailing Address <i>See above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country USA	Zip 	Country USA	4. FEI Number 20-1109219	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HENRIQUES-WALKER, DONNA M 416 COTTAGE COVE COURT ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name N/A 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: <i>[Signature]</i> DATE: 4-11-05 <small>(NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing N/A Trust Fund Contribution. <input type="checkbox"/> \$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	PRES HENRIQUES-WALKER, DONNA M 416 COTTAGE COVE COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRIQUES-WALKER, DONNA M 416 COTTAGE COVE COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HENRIQUES-WALKER, DONNA M 416 COTTAGE COVE COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HENRIQUES-WALKER, DONNA M 416 COTTAGE COVE COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTT HENRIQUES-WALKER, DONNA M 416 COTTAGE COVE COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTS HENRIQUES-WALKER, DONNA M 416 COTTAGE COVE COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
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: <i>[Signature]</i> DATE: 4/14/05 DAYTIME PHONE #: 904-514-5407 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					