2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State
08-10-2006 90002 032 ***150.00

50024905

08012006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000097153

1. Entity Name
BAYCREST ACADEMY CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
936 SOUTH HOWARD AVENUE SUITE A TAMPA, FL 33606	936 SOUTH HOWARD AVENUE SUITE A TAMPA, FL 33606

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2142170 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ECHEVARRIA, CARMEN M
1904 FRUITRIDGE STREET
BRANDON, FLORIDA, FL 33510

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 C M Echevarria Carmen Echevarria 8-7-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ECHEVARRIA, CARMEN M	
STREET ADDRESS	1904 FRUITRIDGE STREET	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	VP	☐ Delete
NAME	ECHEVARRIA, MITCHELL A	
STREET ADDRESS	1904 FRUITRIDGE STREET	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: C M Echevarria 8-7-06 (813) 416-9329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
#P04000097153

BAYCREST ACADEMY CHILD CARE CENTER, INC
936 S HOWARD AVENUE, SUITE A
TAMPA, FL 33606-2421

July 26, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

We have received a "Notice of Intent to Dissolve" from your office. We understand that the fee now due is $750. We do not recall receiving a reminder notice in the mail telling us that our Annual report was due along with the $150 fee. Around the time of May 1st, we were in the process of purchasing another daycare. It was a very hectic time and an honest oversight on our part not to timely file the Annual Report.

In the past, we have always complied with all mandatory filings of reports and filed them on a timely basis. We ask that you accept our check for $150 and not dissolve our corporation. Paying an additional $500 would cause an enormous financial strain on our business.

Thank you for you consideration on this matter.

Sincerely,

Carmen Echevarria

Carmen Echevarria
President

ATTACHMENT
500249053

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2006

BAYCREST ACADEMY CHILD CARE CENTER, INC.
936 SOUTH HOWARD AVENUE
SUITE A
TAMPA, FL 33606

SUBJECT: BAYCREST ACADEMY CHILD CARE CENTER, INC.
Ref. Number: P04000097153

We have received your document for BAYCREST ACADEMY CHILD CARE CENTER, INC. and check(s) totaling $150.00. However, your check(s) and document are being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Our office will consider waiving the late fee provided you return your completed annual report, your letter requesting a waiver, this letter, and your check for $150.00 within 30 days of the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Debra S Cooper
Document Specialist

Letter Number: 406A00048149