

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90064 018 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000112935

1. Entity Name
MY SECOND HOME CHILDREN LEARNING CENTER INC



40040683

Principal Place of Business
**4085 HUNTINGTON FOREST BLVD
JACKSONVILLE, FL 32257**

Mailing Address
**4085 HUNTINGTON FOREST BLVD
JACKSONVILLE, FL 32257**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005

Chg-P

CR2E034 (10/03)

City & State

City & State

FEI Number

20-1453416

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTILLO, JESUS R SR
4085 HUNTINGTON FOREST BLVD
JACKSONVILLE, FL 32257**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CASTILLO, JESUS R SR**
CITY-ST-ZIP **4085 HUNTINGTON FOREST BLVD
JACKSONVILLE, FL 32257**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 empowers.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

PRESIDENT 904 (260 3931)

FRX NO. 101092519042600484
MAR 24 2005 01:44PM P3

FROM: 8