

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000114631

1. Entity Name

DAVIS DAY CARE CENTER, INC.



Principal Place of Business

P.O. BOX 945
APALACHICOLA, FL 32329-0945

Mailing Address

P.O. BOX 945
APALACHICOLA, FL 32329-0945



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number

56-2491998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, SOUDRA
150 MARTIN LUTHER KING JR. AVE.
APALACHICOLA, FL 32329-0945

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIS, SOUDRA
STREET ADDRESS 150 MARTIN LUTHER KING JR. AVE.
CITY - ST - ZIP APALACHICOLA, FL 323290945

TITLE V
NAME DAVIS, FONDA
STREET ADDRESS 150 MARTIN LUTHER KING JR. AVE.
CITY - ST - ZIP APALACHICOLA, FL 323290945

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1100000554476
05/15/06-80093-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-06