

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000114631

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** DAVIS DAY CARE CENTER, INC.

**Current Principal Place of Business:**

150 MARTIN LUTHER KING JR. AVE.  
APALACHICOLA, FL 32329

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 945  
APALACHICOLA, FL 323290945

**New Mailing Address:**

**FEI Number:** 56-2491998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, SOUNDRA  
150 MARTIN LUTHER KING JR. AVE.  
APALACHICOLA, FL 323290945 US

**Name and Address of New Registered Agent:**

DAVIS, SOUDRA  
150 MARTIN LUTHER KING JR. AVE.  
APALACHICOLA, FL 323290945 US

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.

SIGNATURE: SOUDRA DAVIS

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAVIS, SOUDRA  
Address: 150 MARTIN LUTHER KING JR. AVE.  
City-St-Zip: APALACHICOLA, FL 323290945

Title: V  
Name: DAVIS, FONDA  
Address: 150 MARTIN LUTHER KING JR. AVE.  
City-St-Zip: APALACHICOLA, FL 323290945

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SOUDRA DAVIS

P

04/11/2011

Electronic Signature of Signing Officer or Director

Date