

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90084 001 ***300.00

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1. Entity Name
LISA'S LITTLE LAMBS CHILDCARE CENTER, INC.



Principal Place of Business
54 N. TROPICAL WAY
MERRITT ISLAND, FL 32952 US

Mailing Address
54 N. TROPICAL WAY
MERRITT ISLAND, FL 32952 US

66020295



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2270448

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

MASON, LISA
54 N. TROPICAL WAY
MERRITT ISLAND, FL 32952

**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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MASON, LISA
STREET ADDRESS 54 N. TROPICAL WAY
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 # _____

ATTACHMENT

66020295
#P04000177309

Clark & Clark Income Tax Service
228 S. Courtenay Parkway, Suite 2
Merritt Island, FL 32952

VILLAGE CONSTRUCTION INC
SKIPJACK CONSTRUCTION
54 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32952