

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127309

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

**FILED**  
**Jul 23, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2270448

Applied For  
Not Applicable

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

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 12, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, LISA 54 N. TROPICAL WAY MERRITT ISLAND, FL 32952
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000000956109  
07/23/08-80003-021 150.00

**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:

*Lisa Mason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-08  
Date Daytime Phone #