


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000141652 1. Entity Name MCDONNOLD FAMILY DAY CARE INC.	
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Principal Place of Business
**189 SW COVINGTON ROAD
PORT ST LUCIE, FL 34953**

Mailing Address
**189 SW COVINGTON ROAD
PORT ST LUCIE, FL 34953**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1117026	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDONNOLD, CAROL
189 SW COVINGTON ROAD
PORT ST LUCIE, FL 34953**

**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, 2007 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	MCDONNOLD, CAROL
NAME	
STREET ADDRESS	189 SW COVINGTON ROAD
CITY - ST - ZIP	PORT ST LUCIE, FL 34953
TITLE VP	MCDONNOLD, ROBERT H
NAME	
STREET ADDRESS	189 SW COVINGTON ROAD
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953
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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01/24/07-80015-017 150.00

**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: CAROL MCDONNOLD Carol McDonnold 1/18/07 772-336-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #