

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000095283

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** STAY-N-PLAY DAY CARE CENTER, INC.

**Current Principal Place of Business:**

627 HIGHWAY 17 SOUTH  
SAN MATEO, FL 32187 US

**New Principal Place of Business:**

**Current Mailing Address:**

627 HIGHWAY 17 SOUTH  
SAN MATEO, FL 32187 US

**New Mailing Address:**

**FEI Number:** 20-3401061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIDDLETON, DAN T  
142 AUNT SUSIE STREET  
POMONA PARK, FL 32181 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MIDDLETON, DAN  
**Address:** 142 AUNT SUSIE STREET  
**City-St-Zip:** POMONA PARK, FL 32181

**Title:** V  
**Name:** COX, REBECCA K  
**Address:** 107 MCCLAIN BLVD  
**City-St-Zip:** CRESCENT CITY, FL 32112

**Title:** ST  
**Name:** MIDDLETON, MARY  
**Address:** 142 AUNT SUSIE STREET  
**City-St-Zip:** POMONA PARK, FL 32181

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:** DAN T. MIDDLETON

P

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date