


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000153761 1. Entity Name JUNIOR HARVARD DAY CARE, INC.	
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Principal Place of Business 13957 CRESTWICK DRIVE W JACKSONVILLE, FL 32218	Mailing Address 13957 CRESTWICK DRIVE W JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE

FILED
Sep 11, 2008 08:00 AM
Secretary of State



09072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4461869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KINGROSY & ASSOCIATES, INC. 16146 NW 14TH COURT PEMBROKE PINES, FL 33028

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U000000959501 09/11/08 00000-017 150.00
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIES, LINDA S MRS. 13957 CRESTWICK DRIVE WEST JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVIES, AUGUSTUS W 13957 CRESTWICK DRIVE WEST JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR HENNAGAN, NANCY A 16146 NW 14TH COURT PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA ANTWI, ROSE N 16146 NW 14TH COURT PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 	9/5/08 904-619-8258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #