

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036513

FILED
Apr 19, 2007
Secretary of State

Entity Name: LONG'S FAMILY CHILD CARE, INC.

Current Principal Place of Business:

3983 SQUIRREL HILL COURT
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

3983 SQUIRREL HILL COURT
FT. MYERS, FL 33905

New Mailing Address:

FEI Number: 20-4506483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, SHIRLEY
3983 SQUIRREL HILL COURT
FT. MYERS, FL 33905 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LONG, SHIRLEY
Address: 3983 SQUIRREL HILL COURT
City-St-Zip: FT. MYERS, FL 33905

Title: D () Delete
Name: LONG, JOE
Address: 3983 SQUIRREL HILL COURT
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY M. LONG

Electronic Signature of Signing Officer or Director

OWNE

04/19/2007

Date