

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000061729

1. Entity Name

COUNTRY BUMPKINS CHILD CARE, INC.



Principal Place of Business

10805 OLD GAINESVILLE RD
JACKSONVILLE, FL 32221

Mailing Address

10805 OLD GAINESVILLE RD
JACKSONVILLE, FL 32221



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4789679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORDHAM, SCOTT B
1241 S MCDUFF AVE
JACKSONVILLE, FL 32205

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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, 2008 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
NAME JOHNSON, ANGELA M
STREET ADDRESS 10817 OLD GAINESVILLE RD
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE VP
NAME HUGHES, JAIME J
STREET ADDRESS 829 WELLHOUSE DR
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000738590
01/30/08-80034-017 150.00

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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

Angela M. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

Date

Daytime Phone #

904-786-0385