

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90217 005 ***158.75

DOCUMENT # P06000081032					
1. Entity Name STEPHANIE'S LOVE & CARE FACILITY CORP					
Principal Place of Business 3056 W 1ST STREET JACKSONVILLE, FL 32254			Mailing Address 3056 W 1ST STREET JACKSONVILLE, FL 32254		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		Zip	
City		State		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELLAMY, STEPHANIE L 4815 ANDROMEDA RD (NA) JACKSONVILLE, FL 32210				Name <u>Stephanie L. Bellamy</u> Street Address (P.O. Box Number is Not Acceptable) <u>3056 W 1st Street</u> City <u>Jax</u> State <u>FLA</u> Zip Code <u>32254</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature typed or printed name of registered agent and title if applicable</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM BELLAMY, STEPHANIE L 4815 ANDROMEDA RD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <u>Stephanie L. Bellamy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/9/07</u> Daytime Phone # <u>(904) 9941113</u>		