

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90095 022 ***158.75

DOCUMENT # P06000095698

1. Entity Name
CAS CHILD CARE CENTER, INC.



Principal Place of Business Mailing Address
20974 SE RAY AVE **20974 SE RAY AVE**
BLOUNTSTOWN, FL 32424 **BLOUNTSTOWN, FL 32424**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
03-0596592 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEACOCK, BRUCE T
15520 NW BROAD ST
ALTHA, FL 32421-0002

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BESS, CATHY M 20974 SE RAY AVE BLOUNTSTOWN, FL 32424 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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"/> Change <input type="checkbox"/> Addition |

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: Cathy Bess Date _____ Daytime Phone # 850-674-5488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40108879



Division of Corporations

Annual Report

Annual Report Help

Document Number

P06000095698

Business Entity Name

CAS CHILD CARE CENTER, INC.

FEI Number 030596592
FEI Number Status [X] Listed Above [] Applied For [] Not Applicable
Certificate of Status Desired [] Yes [X] No \$8.75 each
Election Campaign Financing Trust Fund Contribution [] Yes [X] No

Principal Place of Business

Address 20974 SE RAY AVE
Suite, Apt. #, etc.
City, State BLOUNTSTOWN, FL
Zip Code & Country 32424

Mailing Address

Address 20974 SE RAY AVE
Suite, Apt. #, etc.
City, State BLOUNTSTOWN, FL
Zip Code & Country 32424

Name and Address of Registered Agent

Name (Last, First, Middle, Title) PEACOCK, BRUCE, T

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 15520 NW BROAD ST
Suite, Apt. #, etc.
City, State ALTHA, FL
Zip Code & Country 324210002 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40108879
#P06000695698

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Bruce Pearson

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) BESS , CATHY , M ,

- OR -

Entity Name to serve as Officer/Director

Street Address 20974 SE RAY AVE
City, State BLOUNTSTOWN , FL
Zip Code & Country 32424

Title S
Name (Last, First, Middle, Title) BESS , CATHY , M ,

- OR -

Entity Name to serve as Officer/Director

Street Address 20974 SE RA Y AVE
City, State BLOUNTSTOWN , FL
Zip Code & Country 32424

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature

Cathy Bess 4/25/07

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset