

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90103 035 ***150.00

DOCUMENT # P06000152048

1. Entity Name

HUGS & KISSES CHILDCARE & PRESCHOOL, INC.



Principal Place of Business

2626 MARTHA LANE
LAND OF LAKES, FL 34639

Mailing Address

2626 MARTHA LANE
LAND OF LAKES, FL 34639

40047716



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

2626 Martha Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007

Chg-P

CR2E034 (12/06)

City & State

Land of Lakes, Fl.

City & State

4. FEI Number

47-0889727

Applied For

Not Applicable

Zip

34639

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHORT, PAUL
2626 MARTHA LANE
LAND OF LAKES, FL 34639

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

Paul Short

Paul Short

3-22-07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SHORT, JAYNE
2626 MARTHA LANE
LAND OF LAKES, FL 34639 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHORT, PAUL
2626 MARTHA LANE
LAND OF LAKES, FL 34639 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Paul Short
Paul Short

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

Date

813-929-0487

Daytime Phone #