

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P06000156380

1. Entity Name
CHILD CARE & LEARNING CENTER CORP.



Principal Place of Business
**10401 US HWY 441, UNIT 100
LEESBURG, FL 34788**

Mailing Address
**10401 US HWY 441, UNIT 100
LEESBURG, FL 34788**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8243079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, MARIA G
23302 OAK CLUSTER DRIVE
SORRENTO, FL 32776**

**DO NOT WRITE
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 **GOMEZ, MARIA G**
STREET ADDRESS **23302 OAK CLUSTER DRIVE**
CITY-ST-ZIP **SORRENTO, FL 32776**

TITLE **VP**
NAME **GOMEZ, JOAQUIN G**
STREET ADDRESS **23302 OAK CLUSTER DRIVE**
CITY-ST-ZIP **SORRENTO, FL 32776**

TITLE **ST**
NAME **GOMEZ, MARIA G**
STREET ADDRESS **23302 OAK CLUSTER DRIVE**
CITY-ST-ZIP **SORRENTO, FL 32776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000927495
05/20/08-80109-010 158.75

**DO NOT WRITE
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: *Maria G Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08
Date Daytime Phone #