

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000035840

FILED
Aug 31, 2009
Secretary of State

Entity Name: GRAHAM BEARS CHILDCARE, INC

Current Principal Place of Business:

1785 CASSAT AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

5151 COLONIAL AVENUE
JACKSONVILLE, FL 32210

Current Mailing Address:

1785 CASSAT AVE
JACKSONVILLE, FL 32210

New Mailing Address:

5151 CONONIAL AVENUE
JACKSONVILLE, FL 32210

FEI Number: 20-8683012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, MARKALE
1785 CASSAT AVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

GRAHAM, MARKALE
5151 COLONIAL AVENUE
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: MARKALE L GRAHAM

08/31/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAHAM, MARKALE
Address: 8216 PEAR ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: ELLIS, HAROLD
Address: 3699 SILVERBLUFF BLVD
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: JOHN, BRENDA
Address: 8216 PEAR ROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARKALE L GRAHAM

DIR

08/31/2009

Electronic Signature of Signing Officer or Director

Date