

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000090599

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** SCARBOROUGH CHILD CARE, INC.

**Current Principal Place of Business:**

501 HARTSELL AVENUE  
APT. # 33  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

501 HARTSELL AVENUE  
APT. # 33  
LAKELAND, FL 33815

**New Mailing Address:**

**FEI Number:** 26-0719727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCARBOROUGH, GLENORA  
501 HARTSELL AVENUE  
APT. # 33  
LAKELAND, FL 33815 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVD  
Name: SCARBOROUGH, GLENORA  
Address: 501 HARTSELL AVENUE, APT. # 33  
City-St-Zip: LAKELAND, FL 33815

Title: ST  
Name: SCARBOROUGH, GLENORA  
Address: 501 HARTSELL AVENUE, APT. # 33  
City-St-Zip: LAKELAND, FL 33815

I hereby 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 all other like empowered.

SIGNATURE: GLENORA SCARBOROUGH

P

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date