## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

## DOCUMENT# P08000051787

Entity Name: JONES FAMILY DAY CARE, INC.

FILED Jan 14, 2012 Secretary of State

Date

**New Principal Place of Business: Current Principal Place of Business:** 714 NW 1ST STREET DELRAY BEACH, FL 33444 US **Current Mailing Address: New Mailing Address:** 714 NW 1ST STREET DELRAY BEACH, FL 33444 US FEI Number: 26-2674167 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, SHARON 714 NW 1ST STREET DELRAY BEACH, FL 33444 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.

## **OFFICERS AND DIRECTORS:**

Title:

SIGNATURE:

Name: JONES, SHARON Address: 714 NW 1ST STREET

City-St-Zip: DELRAY BEACH, FL 33444 US

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: SHARON JONES P 01/14/2012