

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009915

Entity Name: PELT FAMILY DAY CARE, INC.

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11668 GRAN CRIQUE COURT NORTH  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11668 GRAN CRIQUE COURT NORTH  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 26-4133620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PELT, MICHAEL  
11668 GRAN CRIQUE COURT NORTH  
JACKSONVILLE, FL 32223 US

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

PELT, MICHAEL A  
11668 GRAN CRIQUE COURT NORTH  
JACKSONVILLE, FL 32223 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: MICHAEL A. PELT

01/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: PELT, RACHAEL A  
Address: 11668 GRAN CRIQUE COURT NORTH  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP  
Name: PELT, MICHAEL  
Address: 11668 GRAN CRIQUE COURT NORTH  
City-St-Zip: JACKSONVILLE, FL 32223

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: MICHAEL A. PELT

VP

01/18/2011

Electronic Signature of Signing Officer or Director

Date