

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000020138

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** MERIAN JOHNSON LARGE FAMILY CHILD CARE INC

**Current Principal Place of Business:**

6333 PENNANT DR WEST  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

6333 PENNANT DR WEST  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 26-4376133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, MERIAN  
6333 PENNANT DR WEST  
JACKSONVILLE, FL 32244 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: P  
Name: JOHNSON, MERIAN  
Address: 6333 PENNANT DR WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP  
Name: JOHNSON, FELTON  
Address: 6333 PENNANT DR WEST  
City-St-Zip: JACKSONVILLE, FL 32244

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: MERIAN JOHNSON

P

02/28/2011

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

\_\_\_\_\_  
Date