

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000074536

FILED  
May 08, 2010  
Secretary of State

**Entity Name:** MARCIA WILSON FAMILY HOME DAY CARE, INC.

**Current Principal Place of Business:**

1621 LAKEVIEW DR.  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1621 LAKEVIEW DR.  
SEBRING, FL 33870

**New Mailing Address:**

PO BOX 427  
SEBRING, FL 33871

**FEI Number:** 27-0809355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, MARCIA L  
1621 LAKEVIEW DR.  
SEBRING, FL 33870 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

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: PD  
Name: WILSON, MARCIA L  
Address: 1621 LAKEVIEW DR.  
City-St-Zip: SEBRING, FL 33870

Title: STD  
Name: WILSON, DANIEL N  
Address: 1621 LAKEVIEW DR.  
City-St-Zip: SEBRING, FL 33870

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:** MARCIA WILSON

PD

05/08/2010

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

\_\_\_\_\_  
Date