

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000074536

FILED
Apr 03, 2011
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:

1010 KROUSE STREET
SEBRING, FL 33875

Current Mailing Address:

PO BOX 427
SEBRING, FL 33871

New Mailing Address:

PO BOX 7941
SEBRING, FL 33870

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:

WILSON, MARCIA L
1010 KROUSE STREET
SEBRING, FL 33875 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: MARCIA WILSON

04/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WILSON, MARCIA L
Address: 1010 KROUSE STREET
City-St-Zip: SEBRING, FL 33875

Title: STD
Name: WILSON, DANIEL N
Address: 1010 KROUSE
City-St-Zip: SEBRING, FL 33875

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

OWNE

04/03/2011

Electronic Signature of Signing Officer or Director

Date