


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000037687  
 1. Entity Name  
 LITTLE FOXES DAYCARE, INC.



Principal Place of Business 730 SW 5TH ST. GAINESVILLE, FL 32601	Mailing Address 730 SW 5TH ST. GAINESVILLE, FL 32601
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**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1893255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FOXF, LOIS S  
 730 SW 5TH ST.  
 GAINESVILLE, FL 32601

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Type or print name of registered agent and title if any.) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000102315  
 04/05/04-90010-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, TENNIE
STREET ADDRESS	730 SW 5TH ST.
CITY - ST - ZIP	GAINESVILLE, FL 32601
TITLE	P
NAME	FOXX, LOIS
STREET ADDRESS	730 S.W. 5TH STREET
CITY - ST - ZIP	GAINESVILLE, FL 32601
TITLE	ST
NAME	HICKS, QUEEN
STREET ADDRESS	730 S.W. 5TH STREET
CITY - ST - ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois S. Fox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 52376-4987  
Date Daytime Phone #