## 2005 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # P93000037687** 1. Entity Name LITTLE FOXXES DAYCARE, INC. Principal Place of Business Mailing Address 730 SW 5TH ST. 730 SW 5TH ST. GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 CR2E034 (10/03) 04192005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1893255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FOXX, LOIS S DO NOT WRITE 730 SW 5TH ST. GAINESVILLE, FL 32601 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE THOMAS, TENNIE NAME Unnon0335497 04/27/05-80088-007 150.00 STREET ADDRESS 730 SW 5TH ST. CITY-ST-ZIP GAINESVILLE, FL 32601 TITLE NAME FOXX, LOIS STREET ADDRESS 730 S.W. 5TH STREET CITY-ST-ZIP GAINESVILLE, FL 32601 TITLE HICKS, QUEEN NAME STREET ADDRESS 730 S.W. 5TH STREET DO NOT WRITE CITY-ST-ZIP GAINESVILLE, FL 32601 IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-7IP