

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90004 034 \*\*\*150.00

**DOCUMENT # P93000050321**

1. Entity Name

CHILDREN'S WORLD DAY CARE, INC.



Principal Place of Business

NORTH PORT LEARNING CENTER  
5500 BISCAYNE DR  
NORTH PORT FL 34287

Mailing Address

CHILDREN'S WORLD DAY CARE, INC.  
415 BORDER STREET  
PORT CHARLOTTE FL 33958  
US

34000110



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4664 Arlington Drive

Suite, Apt. #, etc.

City & State

PLACIDA, FLORIDA

Zip

Country

Zip

33946

Country

US

4. FEI Number

65-0426303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, EDMUND L  
415 BORDER STREET  
PORT CHARLOTTE FL 33958

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4664 Arlington Drive

City

PLACIDA

FL

Zip Code

33946

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCEO ☐ Delete  
NAME SANCHEZ, EDMUND L.  
STREET ADDRESS 415 BORDER STREET  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE PD ☐ Delete  
NAME SANCHEZ, SANDRA K.  
STREET ADDRESS 415 BORDER STREET  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Edmund L. Sanchez* EDMUND L. Sanchez

1/26/04

(941) 697-7749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #