

2006 FOR PROFIT CORPORATION ANNUAL REPORT-

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Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90424 001 ***150.00
03-16-2006 90424 002 *****8.75

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1. Entity Name
**GREAT BEGINNINGS CHILD DEVELOPMENT CENTER,
INC.**



Principal Place of Business
4005 S ACCESS RD
ENGLEWOOD, FL 34224 US

Mailing Address
4005 S. ACCESS RD.
ENGLEWOOD, FL 34224 US

DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0511498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLSON, GLENN J SR
4315 CAPE HAZE DR
CAPE HAZE, FL 33946

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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: *Glenn J Carlson* 3-3-06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVPS
NAME	CARLSON, MARYANN
STREET ADDRESS	4315 CAPE HAZE DR.
CITY-ST-ZIP	CAPE HAZE, FL
TITLE	T
NAME	CARLSON, MARYANN
STREET ADDRESS	4315 CAPE HAZE DR.
CITY-ST-ZIP	CAPE HAZE, FL
TITLE	D
NAME	SULLIVAN, ELIZABETH C
STREET ADDRESS	25 SHERWOOD LANE
CITY-ST-ZIP	CHESHIRE, CT 06410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *MaryAnn Carlson* 3-3-06 941-473-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #