

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000018554

1. Entity Name
SMALL CREATION CHILD CARE & LEARNING CENTER,
INC.



Principal Place of Business
SMALL CREATION
517 JOG ROAD
WEST PALM BEACH, FL 33415 US

Mailing Address
SMALL CREATION
517 JOG ROAD
WEST PALM BEACH, FL 33415



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0570202
Applied For
☒ Not Applicable
5. Certificate of Status Desired *A* \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, WILLIE M
517 JOG RD
WEST PALM BEACH, FL 33415

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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 *Willie Mae Dean*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEAN, WILLIE M
STREET ADDRESS	517 JOG RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80077-005 158.75

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)(f), 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: *Willie Mae Dean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05
Date

561-683-1506
Daytime Phone #