

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000042149

1. Entity Name
THE CREATIVE CHILD LEARNING CENTER, INC.



Principal Place of Business

150 WESTON RD
SUNRISE, FL 33326 US

Mailing Address

150 WESTON RD
SUNRISE, FL 33326 US

FILED

Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90041 010 ***150.00

94041684



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0584346

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AUFRICTIG, JOAN
150 WESTON ROAD
WESTON, FL 33326

**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

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

JOAN M. AUFRICTIG

3/30/04

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
AUFRICTIG, JOAN M
150 WESTON ROAD
SUNRISE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AGER, BRIAN
150 WESTON ROAD
SUNRISE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
AGER, EILEEN
150 WESTON ROAD
SUNRISE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joan M. Aufrechtig Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 954-389-8246
Date Daytime Phone #