



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90010 007 ***150.00

DOCUMENT # P95000068233 1. Entity Name KOALA-TEE DAY CARE, INC.					
Principal Place of Business 5640 S. FLORIDA AVE. FLORAL CITY FL 34436			Mailing Address P.O. Box 982 5640 S. FLORIDA AVE. FLORAL CITY FL 34436		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 982		 MOORE CR2E034 (11/03)	
City & State Floral City, FL		4. FEI Number 59-3335398			
Zip 34436 Country Citrus		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALLER, DEBRA 5640 S. FLORIDA AVE. FLORAL CITY FL 34436		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____			
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 <u><i>Debra M Waller</i></u> DATE <u>3/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D WALLER, DEBRA	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 982 Floral City, FL 34436	
NAME	5640 S. FLORIDA AVE.		NAME	P.O. Box 982	
STREET ADDRESS	FLORAL CITY FL 34436		STREET ADDRESS	Floral City, FL 34436	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P WALLER, RICHARD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 982	
NAME	5640 S. FLORIDA AVE		NAME	Floral City, FL 34436	
STREET ADDRESS	FLORAL CITY FL 34436		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP WALLER, CHAD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 982	
NAME	5640 S. FLORIDA AVE		NAME	Floral City, FL 34436	
STREET ADDRESS	FLORAL CITY FL 34436		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S WALLER, TROY	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 982	
NAME	5640 S. FLORIDA AVE		NAME	Floral City, FL 34436	
STREET ADDRESS	FLORAL CITY FL 34436		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T WALLER, RYAN	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 982	
NAME	5640 S. FLORIDA AVE		NAME	Floral City, FL 34436	
STREET ADDRESS	FLORAL CITY FL 34436		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Debra M Waller</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/29/04 352-344-9338</u> <small>Date Daytime Phone #</small>		