

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000073471**  
1. Entity Name  
NORTH FLORIDA DAYCARE, INC.



Principal Place of Business      Mailing Address  
4138 NW 13TH STREET      4138 NW 13TH STREET  
GAINESVILLE, FL 32609 US      GAINESVILLE, FL 32609 US

**DO NOT WRITE IN THIS SPACE**



04222004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
59-3338834      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	PSM HIXON, TAMI S 4138 NW 31ST STREET GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HIXON, DAVID E 4138 NW 13TH STREET GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HIXON, DAVID E 4138 NW 13TH STREET GAINESVILLE, FL 326091864
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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04/30/04 08:00 AM 10/03

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: Tami Hixon      Tami Hixon      4/29/04      (352) 378-8231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #