

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 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



04232008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSM
NAME	HIXON, TAMI S
STREET ADDRESS	4138 NW 13TH STREET
CITY - ST - ZIP	GAINESVILLE, FL 32609
TITLE	VT
NAME	HIXON, DAVID E
STREET ADDRESS	4138 NW 13TH STREET
CITY - ST - ZIP	GAINESVILLE, FL
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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 05/22/08-80029-015 150.00

**DO NOT WRITE 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: [Signature]      4/28/08 (352) 378-8231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #