

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000082581

1. Entity Name  
MISS BETTY'S CHILD CARE & PRE-SCHOOL, INC.



**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
6926 RIDGE ROAD  
PORT RICHEY, FL 34668 US

Mailing Address  
13915 TENNYSON DRIVE  
HUDSON, FL 34667



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JOWERS, BETTY R  
13915 TENNYSON DRIVE  
HUDSON, FL 34667

**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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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	JOWERS, BETTY R
STREET ADDRESS	13915 TENNYSON DRIVE
CITY-STATE-ZIP	HUDSON, FL 34667
TITLE	VP
NAME	JOWERS, HENRY C.
STREET ADDRESS	13915 TENNYSON DRIVE
CITY-STATE-ZIP	HUDSON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

UN0000193870  
01/28/05-80002-020 158.75

**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: Henry C. Jowers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 727-844-5811  
Date Daytime Phone #

*VP Sec-Treas*