

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000053668

1. Entity Name  
LET'S PRETEND DAYCARE, INC.



Principal Place of Business  
200 W. DUVAL ST  
LIVE OAK, FL 32060

Mailing Address  
200 W. DUVAL ST  
LIVE OAK, FL 32060

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90108 014 \*\*\*150.00



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3385551

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

KOON, JULIE S  
200 W. DUVAL ST  
LIVE OAK, FL 32060

**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 reinstating)

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	PST
NAME	KOON, JULIE S
STREET ADDRESS	1007 N.E. SHADY OAKS ROAD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	VP
NAME	KOON, SIDNEY C
STREET ADDRESS	1007 N.E. SHADY OAKS ROAD
CITY-ST-ZIP	MAYO, FL 32066
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-05

386-364-7004