

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058879

Entity Name: SMITTY'S DAY CARE, INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

7710 HILLSDALE RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P O BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

7710 HILSDALE ROAD
JACKSONVILLE, FL 32216

FEI Number: 59-3054182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGERSON, MICHELE S
7710 HILLSDALE RD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREGERSON, MICHELE S
Address: 7710 HILLSDALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPSD () Delete
Name: SMITH, PATSY
Address: 7710 HILLSDALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD () Delete
Name: SMITH, BILL
Address: 7710 HILLSDALE RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGERSON, MICHELE

Electronic Signature of Signing Officer or Director

OWNE

04/23/2008

Date