

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90081 005 \*\*\*150.00

**DOCUMENT # P97000097694**

1. Entity Name

**BEST ACADEMY CHILD DEVELOPMENT CENTER, INC.**



Principal Place of Business

**650 W. MAIN STREET  
BARTOW FL 33830**

Mailing Address

**650 W. MAIN STREET  
BARTOW FL 33830**

2. Principal Place of Business

*650 W. Main St.*

3. Mailing Address

*650 W. Main St*

Suite, Apt. #, etc.

*Bartow, Fl.*

Suite, Apt. #, etc.

*Bartow, Fl.*

City & State

*Bartow, FL*

City & State

*Bartow, FL*

Zip

*33830*

Country

*DoIK*

Zip

*33830*

Country

*DoIK*

4. FEI Number

**59-3480333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, FREDERICK J JR  
245 SO CENTRAL AVE  
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	JOHNSON, RUTH W	
STREET ADDRESS	650 W MAIN ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RUTH W	
STREET ADDRESS	650 W MAIN ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEKS, CARLA J	
STREET ADDRESS	875 EAST HOOKER STREET	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEEKS, CARLA J	
STREET ADDRESS	875 EAST HOOKER STREET	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

*Ruth W. Johnson* **Ruth W. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-26-04* **1-26-04** *534-1796* **534-1796**