2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000039096 1. Entity Name SUPER DUCK CHILD CARE, INC.



FILED Apr 16, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business 1233-7 LANE AVE. S.

JACKSONVILLE, FL 32205

Mailing Address

1233-7 LANE AVE. S. JACKSONVILLE, FL 32205



DO NOT WRITE IN THIS SPACE

| | | • | |
|----|------------|---|----------------|
| 4. | FEI Number | | Applied For |
| | 59-3510317 | | Not Applicable |

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

6. Name and Address of Current Registered Agent

BANKS, MICHELLE 1233-7 LANE AVENUE S. JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

No Chg-P

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| the obligat | ions of registered agent. | urpose of chariging its regist | ered diffice of th | agistered agent, or bo | ini, in the State of Florida. Tairmanii | nar willi, and accep |
|--|--|--|----------------------|--------------------------------|--|----------------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title it | applicable. (NOTE: Regist | ered Agent signature | required when reinstating) | DATE | |
| FIL After M | E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Fir Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BANKS, LEE A 1233-7 LANE AVENUE S. JACKSONVILLE, FL 32205 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BANKS, MICHELLE A 1233 LANE AVE. S. JACKSONVILLE, FL 32205 | · | | | · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | ŕ | DO | NOT WRITE | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ·.* | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Control of the Contro | | | | 000000710657 04/25/07-80052±006 | 150.00- |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | actifu that the information or antiod with this file | | | | t and the second | e stan |

12. Thereby certify that the information supplied with this filling 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. MILL