

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046157

FILED
Apr 01, 2005
Secretary of State

Entity Name: BUSTER BROWN CHILD CARE CENTER, INC.

Current Principal Place of Business:

603 SOUTH 33RD STREET
FT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

603 SOUTH 33RD STREET
FT PIERCE, FL 34947

New Mailing Address:

FEI Number: 65-0837802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PTD () Delete
Name: BUSTER, JIMMY M
Address: 603 SOUTH 33RD STREET
City-St-Zip: FT PIERCE, FL 34947

Title: SV () Delete
Name: BUSTER, ROSITA G
Address: 603 SOUTH 33RD STREET
City-St-Zip: FT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JIM BUSTER

PTD

04/01/2005

Electronic Signature of Signing Officer or Director

Date