

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000046157 1. Entity Name BUSTER BROWN CHILD CARE CENTER, INC.	
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Principal Place of Business 804 IXORIA AVE FORT PIERCE, FL 34982	Mailing Address 804 IXORIA AVE FORT PIERCE, FL 34982
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U00000777601
01/10/08-80014-012 150.00

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0837802Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134****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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT PAGE, ROSITA G 804 IXORIA AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS PAGE, CHRISTOPHER W 5170 EDWARDS RD FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 1