

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071752

FILED
Apr 30, 2004
Secretary of State

Entity Name: SOUTH FLORIDA CHILD CARE, INC.

Current Principal Place of Business:

108 CAT CAY LANE
INDIAN HARBOR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

108 CAT CAY LANE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

108 CAT CAY LANE
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 59-3529511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKWOOD, PAUL
108 CATCAY LANE
INDIAN HARBOR BCH, FL 32937

Name and Address of New Registered Agent:

LOCKWOOD, PAUL
108 CATCAY LANE
INDIAN HARBOR BCH, FL 32937 US

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: P.A.LOCKWOOD

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LOCKWOOD, PAUL
Address: 8338 SYLVAN DR
City-St-Zip: WEST MELBOURNE, FL 32901

Title: DVS () Delete
Name: LOCKWOOD, TONI
Address: 8338 SYLVAN DR
City-St-Zip: WEST MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LOCKWOOD, PAUL
Address: 108 CAT CAY LANE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

Title: DVS (X) Change () Addition
Name: LOCKWOOD, TONI
Address: 108 CAT CAY LANE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

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: P.A.LOCKWOOD

DTP

04/30/2004

Electronic Signature of Signing Officer or Director

Date