

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000100252

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** WRIGHT DAY CARE CENTER, INC.

**Current Principal Place of Business:**

136 PATRICK DR.  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

136 PATRICK DR.  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 59-3552005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURSCH, LAFAWN  
6180 HWY 4 WEST  
BAKER, FL 32531 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MURSCH, TIMOTHY W  
Address: 6180 HWY 4 WEST  
City-St-Zip: BAKER, FL 32531

Title: DP  
Name: MURSCH, LAFAWN  
Address: 6180 HWY 4 WEST  
City-St-Zip: BAKER, FL 32531

Title: DSEC  
Name: MURSCH, TARA L  
Address: 6180 HWY 4 WEST  
City-St-Zip: BAKER, FL 32531

I hereby 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 all other like empowered.

SIGNATURE: LAFAWN MURSCH

DP

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date