


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90722 017 \*\*\*150.00

**DOCUMENT # P99000023599**

1. Entity Name  
**DAKOTA'S DUGOUT DAYCARE, INC.**



Principal Place of Business  
**415 GATES CREEK RD  
 BRADENTON, FL 34212**

Mailing Address  
**415 GATES CREEK RD  
 BRADENTON, FL 34212**

**99000434**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0903772</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WOMELDORPH, HOWARD R JR.  
 7648 LOCKWOOD RIDGE ROAD  
 SARASOTA, FL 34243**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PERSAILS, WAYNE A	
STREET ADDRESS	415 GATES CREEK RD	
CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERSAILS, VICTORIA	
STREET ADDRESS	415 GATES CREEK RD	
CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUER, ROBERT	
STREET ADDRESS	5981 GALAMBOS ST	
CITY-ST-ZIP	NORTH PORT, FL 34286	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUER, LINDA	
STREET ADDRESS	5981 GALAMBOS ST	
CITY-ST-ZIP	NORTH PORT, FL 34286	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Robert Sauer **4/16/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #