

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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**



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0903772

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME	PERSAILS, WAYNE A
STREET ADDRESS	415 GATES CREEK RD
CITY-STATE-ZIP	BRADENTON, FL 34212
TITLE	D
NAME	PERSAILS, VICTORIA
STREET ADDRESS	415 GATES CREEK RD
CITY-STATE-ZIP	BRADENTON, FL 34212
TITLE	D
NAME	SAUER, ROBERT
STREET ADDRESS	5981 GALAMBOS ST
CITY-STATE-ZIP	NORTH PORT, FL 34286
TITLE	D
NAME	SAUER, LINDA
STREET ADDRESS	5981 GALAMBOS ST
CITY-STATE-ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/12/06-80056-017 150.00

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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: *Victoria Persails* **Victoria Persails**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06

Date

Daytime Phone #