


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90162 034 ***150.00

DOCUMENT # P99000042889			
1. Entity Name FIRST STEP CHILDREN'S CENTER II, INC.			
Principal Place of Business 10710 47TH AVE NORTH SAINT PETERSBURG, FL 33708		Mailing Address 6409 68TH AVE NORTH PINELLAS PARK, FL 33781	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6340 CENTRAL AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. PETERSBURG, FL	
Zip	Country	Zip	Country
		33707	USA
4. FEI Number 59-3577880		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RONCRATI, MICHAEL D 6409 68TH AVE NORTH PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name RONCARTI, BETH A. Street Address (P.O. Box Number is Not Acceptable) 6340 CENTRAL AVENUE City ST. PETERSBURG FL Zip Code 33707	
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 <i>Beth Roncarti</i>		SIGNATURE <i>Beth Roncarti</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>4/28/08</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCARTI, MICHAEL D	NAME	
STREET ADDRESS	10710 47TH AVE N	STREET ADDRESS	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33708	CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCARTI, BETH A	NAME	
STREET ADDRESS	10710 47TH AVE NORTH	STREET ADDRESS	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33708	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Beth Roncarti</i>		SIGNATURE: <i>Beth Roncarti</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/28/08</i>	
		Daytime Phone # <i>347-481</i>	