

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000048774

1. Entity Name
STARLIGHT CHILDCARE CENTER INC.



Principal Place of Business
1003 W JEFFERSON STREET
QUINCY, FL 32351

Mailing Address
P.O. BOX 1085
QUINCY, FL 32351

FILED
04 APR 14 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0042140	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCARTHY, MARKEITH
1255 REDFIELD RD
TALLAHASSEE, FL 32311

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	V
NAME	MCCARTHY, VERONICA
STREET ADDRESS	1255 REDFIELD ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	FRANKLIN, BRIDGET
STREET ADDRESS	853 SALLEY BROWN ROAD
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	P
NAME	MCCARTHY, MARKEITH
STREET ADDRESS	1255 REDFIELD RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600033450426
04/21/04--01060--019 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: Mark Keith McCarthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date Daytime Phone #