

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P99000075155

1. Entity Name
FUNDAMENTAL CHILD CARE OF PALM COAST, INC.



Principal Place of Business
4892 N.W. PALM COAST PKWY
C
PALM COAST, FL 32137

Mailing Address
4892 N.W. PALM COAST PKWY
C
PALM COAST, FL 32137



03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3594052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLUM, CHARLES
4892 NW PALM COAST PKWY
C
PALM COAST, FL 32137

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BLUM, CHARLES
STREET ADDRESS 4892 NW PALM COAST PKWY, STE C
CITY-ST-ZIP PALM COAST, FL 32137

TITLE VD
NAME GRUSSGOTT, DAVID
STREET ADDRESS 4892 NW PALM COAST PKWY, STE C
CITY-ST-ZIP PALM COAST, FL 32137

TITLE SD
NAME BLUM, ANITA
STREET ADDRESS 4892 PALM COAST PARKWAY, SUITE C
CITY-ST-ZIP PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/16/07-80036-001 150.00

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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: *Charles Blum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Blum

Date

Daytime Phone #

4/4/07 4386 447 6619