

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000103489

1. Entity Name  
PRIDE AND JOY CHILD DEVELOPMENT CENTER, INC.



Principal Place of Business  
405 S. SHELFER ST.  
QUINCY, FL 32351

Mailing Address  
405 S. SHELFER ST.  
QUINCY, FL 32351

FILED

07 APR 30 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3610487

Applied For  
Not Applicable

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

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

HARRIS, CHARLIE H JR  
405 S. SHELFER ST.  
QUINCY, FL 32351

**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 DP  
NAME HARRIS, CHARLIE H JR  
STREET ADDRESS 405 S. SHELFER ST.  
CITY-ST-ZIP QUINCY, FL 32351

TITLE DST  
NAME HENRY, SHEILA  
STREET ADDRESS 150 HENRY DR.  
CITY-ST-ZIP QUINCY, FL 32351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07