

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S34478

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CENTRAL FLORIDA CHILD CARE, INC.

## Current Principal Place of Business:

1561 PALM BAY RD.  
PALM BAY, FL 32905 US

## New Principal Place of Business:

4950 DAIRY ROAD  
MELBOURNE, FL 32904 US

## Current Mailing Address:

108 CAT CAY LANE  
INDIAN HARBOUR BCH, FL 32937 US

## New Mailing Address:

FEI Number: 59-3058219      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOCKWOOD, PAUL  
108 CAT CAY LANE  
INDIAN HARBOR BEACH, FL 32937 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete  
Name: LOCKWOOD, PAUL,  
Address: 8338 SYLVAN DRIVE  
City-St-Zip: MELBOURNE, FL

Title: DPT ( ) Delete  
Name: LOCKWOOD, TONI,  
Address: 8338 SYLVAN DRIVE  
City-St-Zip: MELBOURNE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition  
Name: LOCKWOOD, PAUL,  
Address: 108 CAT CAY LANE  
City-St-Zip: MELBOURNE, FL 32937 US

Title: DPT (X) Change ( ) Addition  
Name: LOCKWOOD, TONI,  
Address: 108 CAT CAY LANE  
City-St-Zip: MELBOURNE, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. A. LOCKWOOD

DVS

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date