

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # V08536

1. Entity Name
PRECIOUS BUNDLES CHILD CARE CENTER, INC.



Principal Place of Business

3314 N NEBRASKA
TAMPA, FL 33603 US

Mailing Address

P.O. BOX 172355
TAMPA, FL 33672 US



06082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3104366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LORETHA G MRS
44 BELLS OF IRELAND
HOMOSASSA SPRINGS, FL 34446

**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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

000000566999
06/12/06-00004-008 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLEY-WASHINGTON, LORETHA 44 BELLS OF IRELAND HOMOSASSA SPRINGS, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASHINGTON, GEORGE H 44 BELLS OF IRELAND HOMOSASSA SPRINGS, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLEY, DUANE S 4604 LIGHTERWOOD WAY VALRICA, FL 33619
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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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: *Loretha G. Washington* Loretha G Washington 6/6/06 813 928-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #