

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

2007 SEP 17 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V60220**

1. Entity Name

PRIDE & JOY CHILD CARE & PRESCHOOL, INC.



Principal Place of Business

640 NW MADISON ST  
LAKE CITY, FL 32055

Mailing Address

640 NW MADISON ST  
LAKE CITY, FL 32055



09102007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3142033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BALLANCE, JANET  
640 NW MADISON ST  
LAKE CITY, FL 32055

**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

*Janet Ballance*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*9-14-07*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
BALLANCE, JANET  
640 SW MADISON ST  
LAKE CITY, FL 32055

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

100109524701  
09/17/07--01047--023 \*\*150.00

**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:

*Janet Ballance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*9-14-07*

Daytime Phone #

*386-752-7041*

*9/18/07*