

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90007 039 ***550.00

DOCUMENT # V73091

1. Entity Name

CHILDRENS CAMPUS DAY CARE, INC.



Principal Place of Business

1695 EAST BAY DR
LARGO FL 33771-2207
US

Mailing Address

1695 EAST BAY DRIVE
LARGO FL 33771
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3154652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITTON, BONNIE
105 19TH ST SE
LARGO FL 33771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
BRITTON, BONNIE
105 19TH ST SE
LARGO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
LORING-BRITTON, ANGELA
614 5TH AVE NE
LARGO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Bonnie Britton Bonnie Britton 7-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

V73091

44048812

7-12-04

Dear Sirs

I'm So Sorry I
had a health Problem in
April. I didn't Return
back to work intill
mid may. I guess this
Just got mis placed in
Papers. Hope we're all Right

Thanks
Bonnie Britton

 **once-a-day**
Carac[™]
fluorouracil cream 0.5%