

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000061456

**Entity Name:** MIS' MARY'S DAY CARE, INC.

**Current Principal Place of Business:**

1297 BARRETT RD  
NO FT MYERS, FL 33903

**Current Mailing Address:**

600 SE 21ST PLACE  
CAPE CORAL, FL 33990 US

**FEI Number:** 65-0452603

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILDMAN, MARY E  
600 SE 21ST PLACE  
CAPE CORAL, FL 33990 US

*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

**Officer/Director Detail :**

Title P  
Name WILDMAN, MARY E  
Address 600 SE 21ST PLACE  
City-State-Zip: CAPE CORAL FL 33990

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARY E. WILDMAN

**OWNER**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date