

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497959

FILED
Jan 11, 2006
Secretary of State

Entity Name: OAKHURST CHILD CARE CENTER, INC.

Current Principal Place of Business:

13233 102ND AVE N
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

13233 102ND AVE N
LARGO, FL 33774 US

New Mailing Address:

FEI Number: 59-1656465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALL, LISA ANN
13233 102ND AVE N
LARGO, FL 33774 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: PD () Delete
Name: HALL, LISA A
Address: 13233 102ND AVE N
City-St-Zip: LARGO, FL 33776

Title: ST () Delete
Name: HALL, RICHARD O
Address: 13233 102ND AVE N
City-St-Zip: LARGO, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HALL, LISA A
Address: 13765 OAK FOREST BLVD. S
City-St-Zip: SEMINOLE, FL 33776

Title: ST (X) Change () Addition
Name: HALL, RICHARD O
Address: 13765 OAK FOREST BLVD. S
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LISA A. HALL

PD

01/11/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date