


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002210 1. Entity Name KALEIDOSCOPE KIDS, INC.	
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Principal Place of Business 3271 TIGER HOLE ROAD JACKSONVILLE, FL 32216	Mailing Address 3271 TIGER HOLE ROAD JACKSONVILLE, FL 32216
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04212004 No Chg-NP CR2E037 (10/03)

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4. FLI Number 59-3579991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, MARGARET
 1132 TOWNSEND BLVD
 JACKSONVILLE, FL 32211

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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 _____ DATE _____
Signature: Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-issuing)

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000127513
 04/26/04-80001-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MARSHALL, MARGARET J 1132 TOWNSEND BLVD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARSHALL, RICHARD 1132 TOWNSEND BLVD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D EVANS, JONATHAN DR 112 COLUMBO ST JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D EVANS, EVELYN 112 CLUMBO ST JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FLETCHER, GEORGE H 3923 PONCE DE LEON AVE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRESSMAN, TAMI 6982 GARDEN ST JACKSONVILLE, FL 32219

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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 617, 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: *Margaret Marshall* **Margaret Marshall** **4/21/04** **9047333070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #