


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90009 030 \*\*\*\*61.25

<b>DOCUMENT # N00000007625</b>			
1. Entity Name <b>CREATIVE KIDS COUNT, INC.</b>			
Principal Place of Business 4421 W. CULBREATH AVE. TAMPA, FL 33609		Mailing Address 4421 W. CULBREATH AVE. TAMPA, FL 33609	
2. Principal Place of Business		3. Mailing Address	
Sute, Apt. #, etc.		Sute, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07042004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3683033</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CFRA, LLC CORPORATE CENTER THREE AT INTL PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33807-5736		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signer's typed or printed name of registered agent and fee (see table). (NOTE: Registered Agent signature is required when transferring)

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
---	---	---------------------------------------	---

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<input checked="" type="checkbox"/>	<b>D</b>	<input type="checkbox"/> Delete	<input type="checkbox"/>	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SASSO, GARY L.</b>			NAME	<b>SASSO, GARY L.</b>		
STREET ADDRESS	<b>1 PROGRESS PLAZA, #2300, 200 CENTRAL AVE.</b>			STREET ADDRESS	<b>Corporate Center Three at Intl Plaza</b>		
CITY-STATE-ZIP	<b>ST. PETERSBURG, FL 337014352</b>			CITY-STATE-ZIP	<b>Tampa, FL 33607-5736</b>		
<input type="checkbox"/>	<b>D</b>	<input type="checkbox"/> Delete	<input type="checkbox"/>	TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>LEHMAN, KRISTEN</b>			NAME	<b>Alberts, Debra</b>		
STREET ADDRESS	<b>211 S. MOODY AVE.</b>			STREET ADDRESS	<b>17009 Canaleda De Avila</b>		
CITY-STATE-ZIP	<b>TAMPA, FL 33609</b>			CITY-STATE-ZIP	<b>Tampa, FL 33613</b>		
<input type="checkbox"/>	<b>D</b>	<input type="checkbox"/> Delete	<input type="checkbox"/>	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RUEDEN, KIMBERLY</b>			NAME			
STREET ADDRESS	<b>BERKELEY PREPARATORY SCHOOL, 4811 KELLY RD</b>			STREET ADDRESS			
CITY-STATE-ZIP	<b>TAMPA, FL 33615</b>			CITY-STATE-ZIP			
<input type="checkbox"/>	<b>P</b>	<input type="checkbox"/> Delete	<input type="checkbox"/>	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SASSO, JENNIFER M</b>			NAME			
STREET ADDRESS	<b>4421 W CULBREATH AVE</b>			STREET ADDRESS			
CITY-STATE-ZIP	<b>TAMPA, FL 33609</b>			CITY-STATE-ZIP			
<input type="checkbox"/>	<b>SI</b>	<input type="checkbox"/> Delete	<input type="checkbox"/>	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SASSO, KAREN J</b>			NAME			
STREET ADDRESS	<b>4421 W CULBREATH AVE</b>			STREET ADDRESS			
CITY-STATE-ZIP	<b>TAMPA, FL 33609</b>			CITY-STATE-ZIP			
<input type="checkbox"/>	<b>V</b>	<input type="checkbox"/> Delete	<input type="checkbox"/>	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ALBERTS, KATIE</b>			NAME			
STREET ADDRESS	<b>17009 CANDELEDA DE AVILA</b>			STREET ADDRESS			
CITY-STATE-ZIP	<b>TAMPA, FL 33613</b>			CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(b), 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 the empowered.

**SIGNATURE:** GARY L. SASSO **7/4/04** **(813) 223-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #