

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90460 035 ****61.25

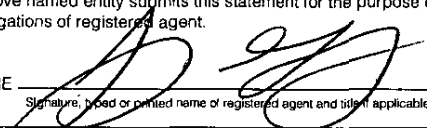
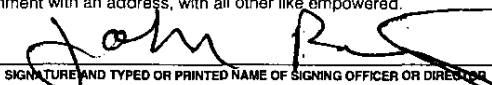
DOCUMENT # N02000002212 1. Entity Name KIDS CENTRAL, INC.					
Principal Place of Business 3200 SW 34TH AVENUE SUITE 601 OCALA, FL 34474			Mailing Address 3200 SW 34TH AVENUE SUITE 601 OCALA, FL 34474		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 03-0423152	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, ROBERT O 380 W ALFRED ST TAVARES, FL 32778			7. Name and Address of New Registered Agent Name William James Gooding, III Street Address (P.O. Box Number is Not Acceptable) Gilligan King & Gooding 1531 S.E. 36th Avenue City Ocala FL Zip Code 34471-4936		
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 W. James Gooding III 4/30/04 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERRY, JONATHAN M PO BOX 491000 LEESBURG, FL 347491000	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RASCO, RUSSELL 5664 SW 60TH ST BLDG 1 OCALA, FL 34474	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICKUS, IRENE 7809 MASSACHUSETTS AVE NEW PORT RICHEY, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RAINEY, JOHN J 414 W MAIN STREET LEESBURG, FL 34748	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DeMark, Diane 1485 S. Semoran Blvd./Bldg. 6/Suite 1448 Winter Park, FL 32792	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dibrizzi, Mike 4910 Creekside Drive, Suite D Clearwater, FL 33760	☐ Delete		TITLE NAME STREET ADDRESS 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)(f), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-30-04 352-873-6332 Date Daytime Phone #	

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Attachment Page 2

Attachment

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DOCUMENT # N02000002212					
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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 03-0423152				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		
WILLIAMS, ROBERT O 380 W ALFRED ST TAVARES, FL 32778			Name William James Gooding, III		
			Street Address (P.O. Box Number is Not Acceptable) Gilligan King & Gooding		
			1531 S.E. 36th Avenue		
			City Ocala		Zip Code FL 34471-4936
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  W. James Gooding, III 4/30/04					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
		D Hewitt, Marshia 5664 S.W. 60th Avenue, Bldg. 1 Ocala FL 34474	☐ Change ☐ Addition		
		D Katz, Shelly 605 N.E. 1st Street, Gainesville FL 32601	☐ Change ☐ Addition		
		D Terry, Mona 1601 N.E. 25th Ave., Suite 306 Ocala FL 34470	☐ Change ☐ Addition		
		D Lord, Dwight 100 N. Starcrest Dr., Clearwater FL 33765	☐ Change ☐ Addition		
		D Miles, Kelly 7809 Massachusetts Ave. New Port Richey FL 34653	☐ Change ☐ Addition		
		D Morris, Timothy P.O. Box 818, Bushnell FL 33513	☐ 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 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: 		4-30-04		352-873-6332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	