2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State
08-01-2005 90025 040 ****61.25

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1. Entity Name
KIDS CENTRAL, INC.

50058811

Principal Place of Business	Mailing Address
3200 SW 34TH AVENUE SUITE 601 OCALA, FL 34474	3200 SW 34TH AVENUE SUITE 601 OCALA, FL 34474

07142005 Chg-NP CR2E037 (10/03)

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
GILLIGAN KING & GOODING 1531 S.E. 36TH AVENUE OCALA, FL 34471	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
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 September 7, 2005

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	IRENE RICKUS, PRESIDENT P.O. BOX 428 NEW PORT RICHEY, FL 34653	☑ 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 34653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SHELLEY KATZ 605 NE 1ST STREET GAINESVILLE FL 32601-3318	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO RAINEY, JOHN C 3200 SW 34TH AVENUE, SUITE 601 OCALA, FL 34474	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Schuler, Cynthia 3200 SW 34th Ave, Ste 601 Ocala FL 34474	☑ 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	TREASURER JONATHAN CHERRY P.O. BOX 491000 LEESBURG FL 34749-1000	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMARK, DIANE 1485 S SEMORAN BLVD./BLDG 6 STE 1448 WINTER PARK, FL 32792	☑ 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)(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: Cynthia A Schuler 7/28/05 352 873-6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #