

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90003 043 \*\*\*\*70.00

**DOCUMENT # N03000000521**

1. Entity Name  
**CLAY & BAKER KIDS NET, INC.**



Principal Place of Business  
**1726 KINGSLEY AVENUE  
SUITE 2  
ORANGE PARK, FL 32073**

Mailing Address  
**1726 KINGSLEY AVENUE  
SUITE 2  
ORANGE PARK, FL 32073**

**50059858**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012005 Chg-NP

CR2E037 (10/03)

4. FEI Number  
**43-1992162**

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

**MOSS, JOHN B  
1726 KINGSLEY AVENUE  
SUITE 2  
ORANGE PARK, FL 32073**

Name  
**Irene Toto**

Street Address (P.O. Box Number is Not Acceptable)  
**2265 Post Street**

City  
**JACKSONVILLE**

FL Zip Code  
**32204**

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 **Irene Toto**

Signature, typed or printed name of registered agent and title if applicable.

**Irene Toto**

(NOTE: Registered Agent signature required when reinstating)

**6/30/2005**

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 **D** ☐ Delete  
NAME **CRANDALL, CONNIE**  
STREET ADDRESS **1726 KINGSLEY AVENUE, SUITE 2**  
CITY-ST-ZIP **ORANGE PARK, FL 33073**

TITLE **D** ☐ Change ☒ Addition  
NAME **Linda Standifer**  
STREET ADDRESS **1724 Planfield Ave,**  
CITY-ST-ZIP **Orange Park FL 32073**

TITLE **D** ☐ Delete  
NAME **L'ENGLE, CLAUDIA**  
STREET ADDRESS **1726 KINGSLEY AVENUE, SUITE 2**  
CITY-ST-ZIP **ORANGE PARK, FL 33073**

TITLE **D** ☐ Change ☒ Addition  
NAME **Nancy Nowlan**  
STREET ADDRESS **3749 Constancia Drive**  
CITY-ST-ZIP **Green Cove Springs FL 32043**

TITLE **D** ☐ Delete  
NAME **KNOFF, MICHELLE**  
STREET ADDRESS **1726 KINGSLEY AVENUE, SUITE 2**  
CITY-ST-ZIP **ORANGE PARK, FL 33073**

TITLE **D** ☐ Change ☒ Addition  
NAME **Patricia Harkness**  
STREET ADDRESS **2836 Country Club Blvd**  
CITY-ST-ZIP **Orange Park FL 32073**

TITLE **D** ☐ Delete  
NAME **HUNTLEY, MARY**  
STREET ADDRESS **1726 KINGSLEY AVENUE, SUITE 2**  
CITY-ST-ZIP **ORANGE PARK, FL 33073**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jim Hawkinson**  
STREET ADDRESS **844 River Road**  
CITY-ST-ZIP **Orange Park FL 32073**

TITLE **D** ☒ Delete  
NAME **BECTION, DAN**  
STREET ADDRESS **1726 KINGSLEY AVENUE, SUITE 2**  
CITY-ST-ZIP **ORANGE PARK, FL 33073**

TITLE **D** ☐ Change ☒ Addition  
NAME **Barbara Whittington**  
STREET ADDRESS **1921 George Ct,**  
CITY-ST-ZIP **Middleburg FL 32068**

TITLE **D** ☐ Delete  
NAME **KINT, SUSIE**  
STREET ADDRESS **1726 KINGSLEY AVENUE, SUITE 2**  
CITY-ST-ZIP **ORANGE PARK, FL 33073**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Kevin DAVIDSON**  
STREET ADDRESS **Gizwellhouse Drive**  
CITY-ST-ZIP **JACKSONVILLE FL 32220**

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: **Irene Toto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/2005 904-278-5644**

Date

Daytime Phone #