

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 004 ****61.25

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|--|---|---|---|---|---|
| DOCUMENT # N99000004861 | | | |  | |
| 1. Entity Name CITY KIDS ART FACTORY, INC. | | | | | |
| Principal Place of Business 1801 N MYRTLE AVE JACKSONVILLE, FL 32209 | | | Mailing Address 3832-010 BAY MEADOWS ROAD PMB 370 JACKSONVILLE, FL 32217 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Country | |
| 03312008 | | Chg-NP | | CR2E037 (12/06) | |
| 4. FEI Number 59-3638295 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| OWENS, GREGORY 4873 JAYBIRD CIRCLE, N JACKSONVILLE, FL 32257 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | T RODRIGUEZ, ELIZABETH 5351 TROUT RIVER BLVD JACKSONVILLE, FL 32208 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OWENS, GREGORY 4873 JAYBIRD CIRCLE N JACKSONVILLE, FL 32257 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, SR, JAMES 599 ALHAMBRA LANE N PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAYLOR-SCALES, MADELINE 7047 CYPRESS BRIDGE DR S PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STEWART, ROWENA 1801 N MYRTLE AVE PONTE VEDRA BEACH, FL 32082 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | VP Rowana Stewart 3832-010 Baymeadows Rd, Ste 370 Jacksonville, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KNOWLES, BERDALL 21 W CHURCH ST JACKSONVILLE, FL 32202 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gregory Owens</u> | | Date: <u>4/1/08</u> | | Daytime Phone #: <u>(904) 755-2523</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |