2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000081703

1. Entity Name
KIDBEC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1694 TIMOUCAN WAY 134 LONGWOOD, FL 32750	1694 TIMOUCAN WAY 134 LONGWOOD, FL 32750

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1640685
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IDDIOLS, KRISTIN S
1694 TIMOUCAN WAY
134
LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDLUND, BRIAN
STREET ADDRESS	1694 TIMOUCAN WAY
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	VD
NAME	IDDIOLS, KRISTIN
STREET ADDRESS	1694 TIMOUCAN WAY
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	SD
NAME	EDLUND, CHRISTINE
STREET ADDRESS	1694 TIMOUCAN WAY
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	TD
NAME	IDDIOLS, DEAN
STREET ADDRESS	1694 TIMOUCAN WAY
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000174631
01/10/05-80017-025 158.75

DO NOT WRITE IN THIS SPACE

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 607, 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: Kristin S. Iddiols 1-4-05 407-699-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #