


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000091129**

1. Entity Name  
**SMART START CAMPUS KIDCARE, INC.**



Principal Place of Business      Mailing Address

**801 WEST BEACON RD  
 LAKELAND, FL 33803**      **801 WEST BEACON RD  
 LAKELAND, FL 33803**

**DO NOT WRITE IN THIS SPACE**



02092005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>01-0737735</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLTON, SHEILA J  
 4810 ELAM ROAD  
 LAKELAND, FL 33813**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	DPV DESENA, DIANE 3119 BELLFLOWER WAY LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HOLTON, SHEILA J 4810 ELAM ROAD LAKELAND, FL 33813
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 02/11/05-80045-023 158.75

**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: V. Diane De Sena    President 2/9/05    863 370 4768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #