

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010927

**Entity Name:** KIDS TOOLBOX THERAPIES, INC.

**Current Principal Place of Business:**

505 16TH AVE NE  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

505 16TH AVE NE  
ST PETERSBURG, FL 33704 US

**FEI Number:** 81-4507054

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHUG, JAMES C  
505 16TH AVE NE  
ST PETERSBURG, FL 33704 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            SCHUG, ANNA JUNE  
Address        505 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title            D/T  
Name            SCHUG, JAMES  
Address        505 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title            D  
Name            CLAIRE, NATALIE L  
Address        505 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title            S  
Name            CLAIRE, MATT  
Address        505 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title            D  
Name            CLAIRE, JOANNE P  
Address        505 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES C. SCHUG

**DESIGNATED AGENT**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date