


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006559 1. Entity Name COLONEL'S KIDS, INC.	
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Principal Place of Business 1900 COLONEL SANDERS LN LOUISVILLE, KY 40213	Mailing Address 1900 COLONEL SANDERS LN LOUISVILLE, KY 40213
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DO NOT WRITE IN THIS SPACE



05092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 61-1337601	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEDRICK, GREGG 1441 GARDINER LN LOUISVILLE, KY 40213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PFEIFFER, DARLENE 60 RIVERVIEW PORT EWEN, NY 12466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARBIN, CINDY 1900 COLONEL SNADERS LN LOUISVILLE, KY 40213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORSYTHE, ALAN 1930 BISHOP LN, STE 701 LOUISVILLE, KY 40213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGREN, SCOTT 1441 GARDINER LN LOUISVILLE, KY 40213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARSCHAUER, BONNIE 1441 GARDINER LN LOUISVILLE, KY 40213

<p>U00000374957 07/29/05-80005-008 61.25</p> DO NOT WRITE IN THIS SPACE
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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: Cynthia G. Charkin 7/25/05 502 874-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #