


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 08, 2004 08:00 AM
Secretary of State**

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| DOCUMENT # G04193 1. Entity Name LAKEWOOD CHILDREN'S SHOP, INC. |  |
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|---|---|
| Principal Place of Business 5931 POWERS AVE JACKSONVILLE, FL 32217 US | Mailing Address 5931 POWERS AVE JACKSONVILLE, FL 32217 US |
|---|---|



01062004 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2222736 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202

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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: *James A. Moore, President* DATE: 1-6-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | VP WILCOX, JANE M 5931 POWERS AVE JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST MOORE, JAMES 5931 POWERS AVE JACKSONVILLE, FL 32217 |
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01/08/04-80004-024 150.00

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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)(f), 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: *James A. Moore, PRES* JAMES A MOORE 1-6-04 (904) 733-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Line Phone #

(904) 733-6900