


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90023 005 \*\*\*150.00

<b>DOCUMENT # J44441</b> 1. Entity Name <b>KIDDIE KORRAL ACHIEVEMENT CENTER, INC.</b>			
Principal Place of Business <b>7912 NORTH ARMENIA AVENUE TAMPA, FL 33604</b>		Mailing Address <b>7912 NORTH ARMENIA AVENUE TAMPA, FL 33604</b>	
2. Principal Place of Business <i>7912 N. Armenia Ave</i>		3. Mailing Address <i>7912 N. Armenia Ave</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Tampa, FL</i>		City & State <i>Tampa, FL</i>	
Zip <i>33604</i>		Zip <i>33604</i>	
Country <i>Hillsborough</i>		Country <i>Hillsborough</i>	
4. FEI Number <b>59-2777793</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALBURY, MILDRED J 7912 N. ARMENIA AVE. TAMPA, FL 33604</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>- FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div style="width: 40%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS ALBURY, JUNE 7912 N. ARMENIA AVE. TAMPA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>June Albury</i>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <i>JUNE ALBURY</i>	
		Date <i>2/6/2004</i> Daytime Phone # <i>933-3244</i>	

Attachment

54004796



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 30, 2004

KIDDIE KORRAL ACHIEVEMENT CENTER, INC.  
7912 NORTH ARMENIA AVENUE  
TAMPA, FL 33604

SUBJECT: KIDDIE KORRAL ACHIEVEMENT CENTER, INC.  
Ref. Number: J44441

We have received your document for KIDDIE KORRAL ACHIEVEMENT CENTER, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 104A00006633