


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90239 021 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # K91645 1. Entity Name ADORABLE KIDS, INC. | |  | |
| Principal Place of Business 563 BLANDING BLVD #105 ORANGE PARK, FL 32073 US | | Mailing Address 563 BLANDING BLVD #105 ORANGE PARK, FL 32073 US | |
| 2. Principal Place of Business 799-6 BLANDING BLVD | | 3. Mailing Address 799-6 BLANDING BLVD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ORANGE PARK FL | | City & State ORANGE PARK FL | |
| Zip 32065 | | Zip 32065 | |
| Country | | Country | |
| 4. FEI Number 59-3015958 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STRICKLAND, JOY V. 563 BLANDING BLVD #105 JACKSONVILLE, FL 32073 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 799-6 BLANDING BLVD City ORANGE PARK FL Zip Code 32065 | |
| 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) DATE _____</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRICKLAND, JOY V. 58 HARMONY HALL ROAD MIDDLEBURG, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STRICKLAND, LINDA 58 HARMONEY HALL RD. MIDDLEBURG, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STRICKLAND, WM R. 58 HARMONY ROAD MIDDLEBURG, 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 |
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| 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. | | | |
| SIGNATURE: <u>Joy Strickland</u> JOY STRICKLAND <u>4/28/04</u> 904-264-6337 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |