

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000002210

1. Entity Name  
KALEIDOSCOPE KIDS, INC.



Principal Place of Business  
3271 TIGER HOLE ROAD  
JACKSONVILLE, FL 32216

Mailing Address  
3271 TIGER HOLE ROAD  
JACKSONVILLE, FL 32216



04212004 No Chg-NP CR2E037 (10/03)

4. FLI Number  
59-3579991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARSHALL, MARGARET  
1132 TOWNSEND BLVD  
JACKSONVILLE, FL 32211

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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 \_\_\_\_\_  
Signature: Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

U000000127513  
04/26/04-80001-007 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARSHALL, MARGARET J  
STREET ADDRESS 1132 TOWNSEND BLVD  
CITY-STATE-ZIP JACKSONVILLE, FL 32211

TITLE D  
NAME MARSHALL, RICHARD  
STREET ADDRESS 1132 TOWNSEND BLVD  
CITY-STATE-ZIP JACKSONVILLE, FL 32211

TITLE D  
NAME EVANS, JONATHAN DR  
STREET ADDRESS 112 COLUMBO ST  
CITY-STATE-ZIP JACKSONVILLE, FL 32207

TITLE D  
NAME EVANS, EVELYN  
STREET ADDRESS 112 CLUMBO ST  
CITY-STATE-ZIP JACKSONVILLE, FL 32207

TITLE D  
NAME FLETCHER, GEORGE H  
STREET ADDRESS 3923 PONCE DE LEON AVE  
CITY-STATE-ZIP JACKSONVILLE, FL 32217

TITLE D  
NAME GRESSMAN, TAMI  
STREET ADDRESS 6982 GARDEN ST  
CITY-STATE-ZIP JACKSONVILLE, FL 32219

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IN THIS SPACE

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: Margaret Marshall 4/21/04 9047333070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date