


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002507	
1. Entity Name RAWLS KIDDIE KASTLE I & II, INC.	

Principal Place of Business 2452 W.28TH ST. JACKSONVILLE FL 32209	Mailing Address 2452 W.28TH ST. JACKSONVILLE FL 32209
--	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE

CR2E037 (10/05)

4. FEI Number 59-3714421	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		7. Name and Address of New Registered Agent	
RAWLS, DEBORAH A 2452 W.28TH STREET JACKSONVILLE FL 32209		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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** _____

FILE NOW: FEE IS \$91.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	RAWLS, DEBORAH A	2452 W.28TH STREET.	JACKSONVILLE FL 32209				
DS	BROWN, SHAREE A	2452 W.28TH ST.	JACKSONVILLE FL 32209				
DT	BROWN, ANTOINE	2452 W 28TH ST.	JACKSONVILLE FL 32209				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Deborah A. Brown

2/11/06 904-354-2640