


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90015 014 ****61.25

DOCUMENT # N01000003772 1. Entity Name CRUISERS FOR KIDS, INC.																																																																																																																							
Principal Place of Business 615 ROCHESTER ST OVIEDO FL 32765			Mailing Address 615 ROCHESTER ST OVIEDO FL 32765																																																																																																																				
2. Principal Place of Business		3. Mailing Address																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State		4. FEI Number 94-3399217																																																																																																																			
Zip		Country		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																																																																																																																			
SMITH, JOHN S 944 SYLVIA DR 615 Rochester St. DELTONA FL 32725 OVIEDO, FL 32765				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 \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																			
		Make Check Payable to Florida Department of State																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP					
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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)(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: John S. Smith				2/1/04 (407) 381-7797																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																																																																																																																			