


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N01000003772</b> 1. Entity Name <b>CRUISERS FOR KIDS, INC.</b>	
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Principal Place of Business <b>615 ROCHESTER ST OVIEDO, FL 32765</b>	Mailing Address <b>615 ROCHESTER ST OVIEDO, FL 32765</b>
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**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>94-3399217</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SMITH, JOHN S  
615 ROCHESTER ST.  
OVIEDO, FL 32765**

**DO NOT WRITE  
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

U00000531506  
05/06/06-80047-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, JOHN S 615 ROCHESTER ST. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOAN M 615 ROCHESTER ST. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCKMAN, JERRY 615 ROCHESTER ST. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HOWARD, DON 615 ROCHESTER ST. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO RICHARDSON, KATHERINE 615 ROCHESTER ST. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPO, ANTONETTE 615 ROCHESTER ST. DELTONA, FL 32725

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/8/06 Daytime Phone # \_\_\_\_\_

4/20/06