

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

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90036 015 \*\*\*\*61.25

**DOCUMENT # N02000000247**  
 1. Entity Name  
**TEACHERS AND KIDS - KIDS AND TEACHERS, INC.**



Principal Place of Business Mailing Address  
**615 HWY A1A NORTH, STE 102** **PO BOX 757**  
**PONTE VEDRA BCH FL 32082** **PONTE VEDRA BCH FL 32004**

34015000



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address  
**200 SOLAHA ROAD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Ponte Vedra FL**  
 Zip Country Zip Country  
**32082** **USA**

4. FEI Number **80-0033994** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BANYAS, WAINE M**  
**200 SOLAHA RD.**  
**PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent  
 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.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | TRUS                     | <input type="checkbox"/> Delete |
| NAME           | BANYAS, WAINE M          |                                 |
| STREET ADDRESS | PO BOX 757               |                                 |
| CITY-ST-ZIP    | PONTE VEDRA BCH FL 32004 |                                 |
| TITLE          | TRUS                     | <input type="checkbox"/> Delete |
| NAME           | BANYAS, FRANCES T        |                                 |
| STREET ADDRESS | PO BOX 757               |                                 |
| CITY-ST-ZIP    | PONTE VEDRA BCH FL 32004 |                                 |
| TITLE          | TRUS                     | <input type="checkbox"/> Delete |
| NAME           | STEWART, DOTTYE          |                                 |
| STREET ADDRESS | PO BOX 757               |                                 |
| CITY-ST-ZIP    | PONTE VEDRA BCH FL 32004 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:** Waine Banyas **Waine Banyas** **2-4-04** **904-273-5774**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #