


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002214	
1. Entity Name KID'S LINK OF OSCEOLA, INC.	

Principal Place of Business 1485 SOUTH SEMORAN BLVD. SUITE 1448 WINTER PARK, FL 32792	Mailing Address 1485 SOUTH SEMORAN BLVD. SUITE 1448 WINTER PARK, FL 32792
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01302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 PATRICK, JAMES 1485 SOUTH SEMORAN BLVD. SUITE 1448 WINTER PARK, FL 32792
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement of the obligations of registered agent.	<table border="1"> <tr> <td>G/L</td> <td>BATCH</td> </tr> <tr> <td>SUB</td> <td>VOUCHER</td> </tr> </table>	G/L	BATCH	SUB	VOUCHER	ent, or both, in the State of Florida. I am familiar with, and accept
G/L	BATCH					
SUB	VOUCHER					

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, DAVID 1485 SOUTH SEMORAN BLVD. #1448 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, JAMES 1485 SOUTH SEMORAN BLVD. #1448 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, DOUG 1485 SOUTH SEMORAN BLVD. #1448 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000038769
02/06/04-80153-001 61.25

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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: 	1/30/04	321-357-3000 X211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #