

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003889

FILED
Jan 05, 2005
Secretary of State

Entity Name: CRIBBERS, CRAWLERS & TODDLERS, INC.

Current Principal Place of Business:

8718 N. 46TH STREET
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

8718 N. 46TH STREET
TAMPA, FL 33617

New Mailing Address:

FEI Number: 75-3061939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, EARL B SR.
8718 N. 46TH STREET
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASON, EARL B SR.
Address: PO BOX 1720
City-St-Zip: SEFFNER, FL 335831720

Title: D () Delete
Name: TISDALE, SHIRLEY
Address: 7608 LEMON WOOD COURT
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: HUTCHINSON, ANNE
Address: 17911 VILLA CREEK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: KENNEDY, YOLANDA
Address: 18138 ANTIETAM CT
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: METCALF, IRIS C
Address: 5458 PENTAIL CIRCLE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRYER, DELMA
Address: 17218 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change () Addition
Name: HUTCHINSON, ANNE
Address: 4840 WINDINGBROOK TRAIL
City-St-Zip: WESTLEY CHAPEL, FL 33543

Title: D (X) Change () Addition
Name: GAYLE, MARIA
Address: 1626 CANOE DRIVE
City-St-Zip: LUTZ, FL 33559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS C. METCALF

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date