

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010022

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: 4KIDS OF WEST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

8900 US HWY 19 NORTH  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

8900 US HWY 19 NORTH  
PINELLAS PARK, FL 33782

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TEEL, THOMAS E  
8900 US HWY 19 NORTH  
PINELLAS PARK, FL 33782 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: BABB, JOHN H  
Address: 8900 US HWY 19 NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Delete  
Name: CORRY, ROBERT D  
Address: 3785 105TH AVE N  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: BROWN, BRUCE  
Address: 7077 129TH STREET N  
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete  
Name: TEEL, THOMAS E  
Address: 1125 ALCAZAR WAY  
City-St-Zip: ST PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 Chapter 119, 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: THOMAS E. TEEL

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date