

# ANNUAL REPORT

DOCUMENT # N38629

1. Entity Name  
KID-NEEDS, INC.



Principal Place of Business  
7723 SW 13TH ROAD  
GAINESVILLE, FL 32607

Mailing Address  
7723 SW 13TH ROAD  
GAINESVILLE, FL 32607

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**



04282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3125933

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LOGAN, VERONICA C  
7723 SW 13TH ROAD  
GAINESVILLE, FL 32607

**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

*Veronica Logan*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-04

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LOGAN, VERONICA C
STREET ADDRESS	7723 SW 13TH RD.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	T
NAME	CRAWFORD, MATTIE
STREET ADDRESS	13208 SW CR 346
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	T
NAME	RIVERS, ROSE R RN PHD
STREET ADDRESS	1600 SW ARCHER RD
CITY-ST-ZIP	GAINESVILLE, FL 326100335
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000143816  
05/03/04-80202-009 61.25

**DO NOT WRITE  
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:

*Veronica Logan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER DESER FOR FURNISH

04-27-04-352-332-289  
Date Filing Date