

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004447

FILED  
Jan 19, 2012  
Secretary of State

Entity Name: AMIKIDS POLK, INC.

**Current Principal Place of Business:**

618 N MASSACHUSETTS AVENUE  
LAKELAND, FL 33801

**New Principal Place of Business:**

618 N. MASSACHUSETTS AVENUE  
LAKELAND, FL 33801

**Current Mailing Address:**

AMIKIDS, INC.  
5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 59-3208084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HULL, DAVID J  
SMITH, HULSEY & BUSEY  
225 WATER STREET, STE 1800  
JACKSONVILLE, FL 32202 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  
Name: STANDER, O.B.  
Address: 5915 BENJAMIN CENTER DRIVE  
City-St-Zip: TAMPA, FL 33634

Title: SD  
Name: TWOMEY, CLAIRE  
Address: 13170 GEORGE JENKINS BLVD.  
City-St-Zip: LAKELAND, FL 33815

Title: TD  
Name: RISKIN, MICHAEL  
Address: 1509 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33803

Title: C  
Name: CODD, MARK  
Address: 89 SHADOW LANE  
City-St-Zip: LAKELAND, FL 33813

Title: VC  
Name: HILL, CRAIG  
Address: 210 WOODWARD STREET  
City-St-Zip: LAKELAND, FL 33803

I hereby 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 all other like empowered.

SIGNATURE: O.B. STANDER

D

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date