

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001797 1. Entity Name TALLAHASSEE K.I.D.S., INC.	
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Principal Place of Business 7813 NORTH LAGOON DRIVE #3-B PANAMA CITY BEACH, FL 32408 US	Mailing Address 7813 NORTH LAGOON DRIVE #3-B PANAMA CITY BEACH, FL 32408 US
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04052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3309059	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCPETERS, TIMOTHY E. 7813 NORTH LAGOON DRIVE #3-B PANAMA CITY BEACH, FL 32408

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$81.25 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	PD GOLDSMITH, MERELYN 1112 CLEARWATER RD. DAYTONA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCPETERS, TIMOTHY 7813 NO. LAGOON DR. # 3-B PANAMA CITY BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSMITH, ROBERT 1112 CLEARWATER RD. DAYTONA BCH., FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U4/08/04-80024-024 61.25

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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: <i>Timothy E. McPeters</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Timothy E. McPeters</i> <small>Date</small>	<i>4/06/04</i> <small>Date</small>	<i>850 785-3915</i> <small>Daytime Phone #</small>
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