

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90433 005 ***150.00

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1. Entity Name
CREATIVE KIDS PRE-SCHOOL, INC.



Principal Place of Business
**5301 S.E. 110TH STREET
BELLEVUE, FL 34420**

Mailing Address
**2841 S.W. 20TH STREET
OCALA, FL 34474**

DO NOT WRITE IN THIS SPACE



03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3330833

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWEITZ, FREDERICK O
400 S.W. 48TH ST. RD.
OCALA, FL 34474**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTIS, DIANE 1536 SOUTHEAST 27TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLEMENT, GLENNA 5301 SOUTHEAST 110TH STREET BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWEITZ, FREDERICK O 400 SOUTHWEST 48TH STREET ROAD OCALA, FL 34474

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #