

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006459

1. Entity Name

MY KIDS, SCHOOL KIDS, INC.



Principal Place of Business

210 KILINGTON COURT
ORLANDO FL 32835
US

Mailing Address

P.O. BOX 1723
WINDERMERE FL 34786
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

31-1510946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGILL, PATRICK M ESQ.
2110 EAST ROBINSON STREET
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, RUTH 210 KILINGTON CT ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SCOTT 200 E. ROBINSON ST. SUITE 100 ORLANDO FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, DEBBIE PO BOX 1436 WINDERMERE FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, ANITA 8868 WINDINGLAKE CIR ORLANDO FL 32875	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, JOHN A 3768 WINDING LAKE CIRCLE ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	U00000240943 02/24/05-80023-015 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-05

Date

Daytime Phone #