

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # N97000000341

1. Entity Name
KIDS INTERNATIONAL, INC.



Principal Place of Business
**2927 GANDY BLVD
TAMPA, FL 33611 US**

Mailing Address
**2927 GANDY BLVD
TAMPA, FL 33611 US**



04222004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3401795

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEARY, DANIEL R.
2927 GANDY BLVD.
TAMPA, FL 33611**

**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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000153312
05/04/04-80121-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEARY, DANIEL R
STREET ADDRESS	2927 GANDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	MOLL, KATHY
STREET ADDRESS	497 45TH AVE. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	D
NAME	SHULTES, GAYLE A
STREET ADDRESS	3301 58TH AVE. N. LOT 332
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27 2004 *813-835-4221*