

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001559

FILED
Jan 05, 2008
Secretary of State

Entity Name: METRO KIDS KONNECTION, INC.

Current Principal Place of Business:

1196 KNOLL DRIVE WEST
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1196 KNOLL DRIVE WEST
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3433761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, TERRY M
1196 KNOLL DRIVE WEST
JACKSONVILLE, FL 32221 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 () Delete
Name: LANE, TERRY M
Address: 1196 KNOLL DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: MACDONALD, RICHARD
Address: 1826 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: BELL, QUINN A
Address: 1602 TAYO LANE
City-St-Zip: JACKSONVILLE, FL CLAY 32

Title: D () Delete
Name: ADAMS, SCOTT
Address: 4070 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: GEORGE, DOYLE
Address: 815 MAIN ST.
City-St-Zip: JACKSONVILLE, FL DUVAL 32

Title: D () Delete
Name: HARGNET, KEVIN
Address: 1428 WINDSOR PLACE
City-St-Zip: JACKSONVILLE, FL DUVAL 32

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARGNET, KEVIN
Address: 691 CHERRY GROVE RD.
City-St-Zip: ORANGE PARK, FL CLAY 32

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN M. LANE

D.

01/05/2008

Electronic Signature of Signing Officer or Director

Date