


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

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004614					
1. Entity Name PLAY IT AGAIN KIDS, INC.					
Principal Place of Business 2770 S. GARDEN DR., #101 LAKE WORTH FL 33461			Mailing Address 2770 S. GARDEN DR., #101 LAKE WORTH FL 33461		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0849172	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAWLOR, JAY 2770 S. GARDEN DR., #101 LAKE WORTH FL 33461				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWLOR, JAY		NAME		
STREET ADDRESS	2770 S. GARDEN DR., #101		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH FL 33461		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRY, JOHN J		NAME		
STREET ADDRESS	1527 S. FLAGLER DR., #214-F		STREET ADDRESS		
CITY- ST- ZIP	W. PALM BEACH FL 33401		CITY- ST- ZIP		
NAME	MINNARD, BOB		NAME		
STREET ADDRESS	342 SOUTHWIND DR, #208		STREET ADDRESS		
CITY- ST- ZIP	N. PALM BEACH FL 33408		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James J. Lawlor</i>		JAMES J. LAWLOR 4/12/05 (561) 964-186			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0849172**

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

6. Name and Address of Current Registered Agent

**LAWLOR, JAY
2770 S. GARDEN DR., #101
LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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SIGNATURE _____ (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	D	<input type="checkbox"/> Delete
NAME	LAWLOR, JAY	
STREET ADDRESS	2770 S. GARDEN DR., #101	
CITY- ST- ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY, JOHN J	
STREET ADDRESS	1527 S. FLAGLER DR., #214-F	
CITY- ST- ZIP	W. PALM BEACH FL 33401	
NAME	MINNARD, BOB	
STREET ADDRESS	342 SOUTHWIND DR, #208	
CITY- ST- ZIP	N. PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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SIGNATURE: *James J. Lawlor* JAMES J. LAWLOR 4/12/05 (561) 964-186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #