

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000007017	
1. Entity Name FOR KIDS ONLY, INC.	

Principal Place of Business 3049 COLDWELL DRIVE HOLIDAY, FL 34691	Mailing Address 3049 COLDWELL DRIVE HOLIDAY, FL 34691
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05022008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASTEN, MYRTLE E 3049 COLDWELL DR HOLIDAY, FL 34691	
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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 <i>Myrtle E Masten</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 05-02-08

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000947475 06/02/08-80016-008 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSINA, ALFRED G 3049 COLDWELL DRIVE HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MASTEN, MYRTLE 3049 COLDWELL DRIVE HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO MIHOK, JAN S 5346 PATRICIA LANE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLDANO, EDWARD L 150 WM FLOYD PKWY SHIRLEY, NY 11967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
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SIGNATURE: <i>Edward L Soldano</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 05-02-08 727-934-9993 Daytime Phone #
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