

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

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007192

1. Entity Name
KID'S CONNECTION, INC.



Principal Place of Business
1485 S SEMORAN BLVD
SUITE 1448
WINTER PARK, FL 32792

Mailing Address
1485 S SEMORAN BLVD
SUITE 1448
WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3618586

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATRICK, JAMES
1485 S SEMORAN BLVD - STE 1448
WINTER PARK, FL 32792

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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATRICK, JAMES
STREET ADDRESS	1485 S SEMORAN BLVD
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	DEMARK, DIANE
STREET ADDRESS	1485 S SEMORAN BLVD STE 1448
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	CASEL, GLEN
STREET ADDRESS	1485 S SEMORAN BLVD STE 1448
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/04-80153-002 61.25

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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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____