


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90025 007 \*\*\*150.00

<b>DOCUMENT # P00000003428</b> 1. Entity Name <b>THE KID'S STATION OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>5335 N. MILITARY TRAIL SUITE 34 WEST PALM BEACH FL 33407</b>			Mailing Address <b>5335 N. MILITARY TRAIL SUITE 34 WEST PALM BEACH FL 33407</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MATTHEWS, VERONA HAGANS 4013 TEMPLE STREET WEST PALM BEACH FL 33407</b>				Name <b>JONES, MAJOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>140 Heatherwood Dr.</b> City <b>Royal Palm Beach</b> <b>FL</b> Zip Code <b>33411</b>	
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: <u><i>Major Jones</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u><i>3/31/05</i></u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD		TITLE	PD	
NAME	MATTHEWS, VERONA HAGANS <input checked="" type="checkbox"/> Delete		NAME	Jones, Major <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	4013 TEMPLE STREET		STREET ADDRESS	140 Heatherwood Dr.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	YP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATTHEWS, FRANK RONALD		NAME	Jones Marilyn	
STREET ADDRESS	4013 TEMPLE STREET		STREET ADDRESS	140 Heatherwood Dr.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP	Royal Palm Beach, FL 33411	
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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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		
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 607, 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: <u><i>Major Jones</i></u>			3/31/05 Date 561-793-5382 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0974766** Applied For ☐ Not Applicable

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