

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000051843

1. Entity Name
KIDZ R'IT CHILD DEVELOPMENT CENTER INC.



Principal Place of Business
2425 SPOONWOOD DR.
TALLAHASSEE, FL 32303

Mailing Address
2425 SPOONWOOD DR.
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3666040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, MICHAEL D. Jenecia T.
2425 SPOONWOOD DR.
TALLAHASSEE, FL 32303

Name
Jenecia T. Carter

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/12/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CARTER, MICHAEL
STREET ADDRESS 443 N ADAMS ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE VP ☐ Delete
NAME CARTER, JENECIA
STREET ADDRESS 443 N ADAMS ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Jenecia T. Carter
STREET ADDRESS 3620 Cherry Bluff Lane
CITY-ST-ZIP Tall, FL. 32312

TITLE VP ☒ Change ☐ Addition
NAME Carter, Michael
STREET ADDRESS 3620 Cherry Bluff Lane
CITY-ST-ZIP Tall, FL. 32312

TITLE ☐ Change ☐ Addition
NAME 900077731059
STREET ADDRESS 07/19/06--01048--022 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06

Date

850-385-0337

Daytime Phone #