

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000012861

1. Entity Name
KID'S LODGE PRESCHOOL AND DAY CAMP, INC.



Principal Place of Business
1076 N CITRUS AVE
CRYSTAL RIVER, FL 34428

Mailing Address
P.O. BOX 821
CRYSTAL RIVER, FL 34423



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3697280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EWING, ANGELA L
1076 N CITRUS AVE
CRYSTAL RIVER, FL 34428

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME EWING, HARRY W
STREET ADDRESS 6046 W. WOODSIDE CIRCLE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VT
NAME EWING, ANGELA
STREET ADDRESS 6046 W. WOODSIDE CIRCLE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE S
NAME BAKER, LYDIA L
STREET ADDRESS 5028 S. GRAND CIRCLE TERR
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000310848
04/18/05-80020-025 158.75

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IN THIS SPACE**

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 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: HARRY EWING HARRY EWING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 (352) 795-5862

Date

Daytime Phone #