

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90238 039 ***150.00

DOCUMENT # P01000111975

1. Entity Name
KIDDIE EXPRESS INC



Principal Place of Business
**5283 W ATLANTIC AVE SUITE 21-22
DELRAY BEACH, FL 33484**

Mailing Address
**5283 W ATLANTIC AVE SUITE 21-22
DELRAY BEACH, FL 33484**

54030130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

30-0004693

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TARADASH, DORIS H
5261 BREADFRUIT CIRCLE
DELRAY BEACH, FL 33484**

Name **RIEGLER, DORIS H.**

Street Address (P.O. Box Number is Not Acceptable)

5261 BREADFRUIT CIRCLE

City **DELRAY BEACH FL** Zip Code **33484**

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

Doris H. Riegler

X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **TARADASH, DORIS H**
STREET ADDRESS **5261 BREADFRUIT CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **P** ☒ Change ☐ Addition
NAME **TAR RIEGLER, DORIS H.**
STREET ADDRESS **5261 BREADFRUIT CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **V** ☐ Delete
NAME **BEDNARCIK, ROBIN J**
STREET ADDRESS **4725 POSEIDON PLACE**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

Doris H. Riegler - **DORIS H. RIEGLER** 4/8/04 (561) 637-8404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #