


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90066 005 ***150.00

DOCUMENT # P01000121137 1. Entity Name KIDS WORK ACADEMY, INC.																																																																																																														
Principal Place of Business 3342 SARAH SPAULDING DR JACKSONVILLE FL 32223		Mailing Address 3342 SARAH SPAULDING DR JACKSONVILLE FL 32223																																																																																																												
2. Principal Place of Business <i>Kids Work Academy / 1004 GINGERBREAD HOUSE</i> 6605 CHESTER AVE Suite, Apt. #, etc.		3. Mailing Address 3342 SARAH SPAULDING DR Suite, Apt. #, etc.																																																																																																												
City & State 80X, FLA Zip 32217	City & State 80X, FLA Zip 32222	Country PAVAL																																																																																																												
4. FEI Number 59-3691164		Applied For <input type="checkbox"/> Not Applicable																																																																																																												
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																												
6. Name and Address of Current Registered Agent NEWTON, ROBERT L 3342 SARAH SPAULDING DR JACKSONVILLE FL 32223																																																																																																														
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																														
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 <i>[Signature]</i> 3/28/2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																																																																																																														
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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 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: <i>[Signature]</i> ROBERT L. NEWTON 3/28/2005 904-268-1975 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																														