2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000028937

1. Entity Name
AMAZING KID'S LEARNING CENTER INC.

Principal Place of Business	Mailing Address
3509 KINGSTON STREET JACKSONVILLE, FL 32254	3509 KINGSTON STREET JACKSONVILLE, FL 32254

DO NOT WRITE IN THIS SPACE

04192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
41-2029929	Not Applicable

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

6. Name and Address of Current Registered Agent

HILLIARD, LARRY
3509 KINGSTON STREET
JACKSONVILLE, FL 32254

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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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000126664 04/23/04-80043-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HILLIARD, LARRY
STREET ADDRESS	3509 KINGSTON STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	VSD
NAME	HILLIARD, DEBRA
STREET ADDRESS	3509 KINGSTON STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Debra Hilliard_   4-19-04   904-673-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #