

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 11, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P02000091129**

1. Entity Name  
**SMART START CAMPUS KIDCARE, INC.**



Principal Place of Business

**801 WEST BEACON RD  
LAKELAND, FL 33803**

Mailing Address

**801 WEST BEACON RD  
LAKELAND, FL 33803**



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0737735</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLTON, SHEILA J  
4810 ELAM ROAD  
LAKELAND, FL 33813**

**DO NOT WRITE  
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	DPV
NAME	DESENA, DIANE
STREET ADDRESS	3119 BELLFLOWER WAY
CITY-ST-ZIP	LAKELAND, FL 33811

TITLE	DVS
NAME	HOLTON, SHEILA J
STREET ADDRESS	4810 ELAM ROAD
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
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STREET ADDRESS	
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02/11/05-80045-023 158.75

**DO NOT WRITE  
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)(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:** V. DIANE DE SENA President 2/9/05 863 370 4768  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #