2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000108796

1. Entity Name
KIDZVILLE, INC.

Principal Place of Business	Mailing Address
108 EMICHIGAN BONIFAY, FL 32425	108 EMICHIGAN BONIFAY, FL 32425

DO NOT WRITE IN THIS SPACE

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
38-3662817	Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, KRISTEN
3263 CODY TAYLOR LN
BONIFAY, FL 32425

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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

U00000133742
04/27/04-80101-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	NELSON, KRISTEN
STREET ADDRESS	PO BOX 858
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	RUSS, DEBBIE
STREET ADDRESS	PO BOX 1176
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	D
NAME	GARDNER, KATHY
STREET ADDRESS	PO BOX 755
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Kathy B Gardner_   4/26/04   8505475052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #