


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000108796
 1. Entity Name
 KIDZVILLE, INC.



Principal Place of Business
 108 EMICHIGAN
 BONIFAY, FL 32425

Mailing Address
 108 EMICHIGAN
 BONIFAY, FL 32425

DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
 38-3662817

Applied For
 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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	

U00000337640
 04/28/05-80003-024 150.00

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)(1), 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 Kathy B Gardner 4-1-05 8505475652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #