


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000014931	
1. Entity Name KIDZ-N-MOTION, INC.	
	
Principal Place of Business 3454 CHARMONT DRIVE JACKSONVILLE, FL 32277 US	Mailing Address 3454 CHARMONT DRIVE JACKSONVILLE, FL 32277 US
DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent ARMSTRONG, KELLY L 3454 CHARMONT DRIVE JACKSONVILLE, FL 32277	



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-2078077

Applied For
Not Applicable

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

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, KELLY L 3454 CHARMONT DRIVE JACKSONVILLE, FL 32277
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04/30/05-80129-006 150.00

**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)(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: Kelly Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-DS 904 379 9129
Date Daytime Phone #