

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000062975

1. Entity Name
KIDS COUNT THERAPY SERVICES, INC.



Principal Place of Business
1812 SE 33RD LANE
OCALA, FL 34471

Mailing Address
1812 SE 33RD LANE
OCALA, FL 34471

**FILED
Jan 15, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2116440	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, JULIE P
1812 SE 33RD LANE
OCALA, FL 34471

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CROWLEY, JULIE P
STREET ADDRESS 1812 SE 33RD LANE
CITY-ST-ZIP OCALA, FL 34471

000000784955
01/16/08-80075-019 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Julie P. Crowley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/08

Date

Daytime Phone #