2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000087175 1. Entity Name KOUNTRY KIDS LEARN AND PLAY, INC.							FILED 04 APR 16 PM 12: 26				
						00 W 10	_	OL APR	16 PM	12: 20	
Principal Place of Business Mailing Address							1	U4 HI W		57XY#	
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CRAWFORDVILLE, FL 32327			C	CRAWFORDVILLE, FL 32327				TALLAH	issee i	F L.UIVIO	•
2. Principal Place of Business 3.				3. Mailing Address			- 				
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City & State				City & State		4. FEI Numb			Ар	plied For	
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Zip	Zip Country		Zip Cour		ry 5. Certifica		of Status Desired	_ 9	8.75 Add	itional	
	S. Name and Address of Surrey		Dania	2 colored # good			7 No.	Addres - Allens		ee Required	·
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
EUBANKS, GLENDA G						Titulio .					
198 NORTHWOOD RD					Street Address (P.O. Box Number is Not Acceptable)						
CRAWFORDVILLE, FL 32327											
											Ţ
						City			FL	Zip Code)
O The should	named ontit	v outpoits this statement for	r the r	ourness of changing its	sagistor	ad affice or recista	and agent or be	ab in the Ctate of Ele		amilling with	
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. (NDTE: Registered Agent signature required when reinstating) DATE											
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 \$5. Trust Fund Contribution.											
10.		OFFICERS AND	DIRE	CTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	P Delete									Change	☐ Addition
NAME '	EUBANKS, GLENDA G					E		200033 23/04-0102		154	
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NAME STREET ADDRESS	HOOVER, OTHELL JR					- 1					
CITY-ST-ZIP	2809 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327					ET ADORESS -ST-ZIP					
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12. Thereby o	certify that th	e information supplied wit	h this i	iling does not qualify fo	r the exe	mption stated in S	ection 119.07(3)	(i), Florida Statutes.	I further cert	ify that the in	nformation
of the cor	on this repo poration or t	rt or supplemental report i he receiver or trustee emp	owere	and accurate and that red d to execute this report	as requi	red by Chapter 60	ı same legal effe 17, Florida Statut	ct as it made under es; and that my nam	oatn; that I a e appears in	n an officer Block 10 or	or airector Block 11 if
changed,	, or on an att	achment with an address,	with a	Il other like empowered				Í			
SIGNAT		alouds a	/	whom Vis				4-16-04	256-	826-5	484
JIGIYAI	UNE.	SIGNATURE AND TYPED OR	PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	тоя	 -	4-16-04 Date	Da	ylime Phone #	*- /
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