

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90205 047 \*\*\*150.00

**DOCUMENT # P03000087175**

1. Entity Name

KOUNTRY KIDS LEARN AND PLAY, INC.



Principal Place of Business

2809 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

Mailing Address

2809 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

86-1079986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EUBANKS, GLENDA G  
198 NORTHWOOD RD  
CRAWFORDVILLE, FL 32327

**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

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, 2006 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	EUBANKS, GLENDA G
STREET ADDRESS	2809 CRAWFORDVILLE HWY
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	V
NAME	SHARPTON, TERESA SHAWNTELLE
STREET ADDRESS	2809 CRAWFORDVILLE HWY
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	ST
NAME	HOOVER, OTHELL JR
STREET ADDRESS	2809 CRAWFORDVILLE HWY
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
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 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:** Glenda G. Eubank glenda g. Eubank 5-1-06 850-926-5484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #