


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90050 020 ***150.00

DOCUMENT # P03000088503

1. Entity Name
KIDWORKS THERAPY OF FLORIDA, INC.



Principal Place of Business Mailing Address

**545 KIRKWOOD TERRACE NORTH
 ST PETERSBURG FL 33701** **545 KIRKWOOD TERRACE NORTH
 ST PETERSBURG FL 33701**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
20-0158018

Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**PESCOD, LAURA L
 545 KIRKWOOD TERRACE NORTH
 ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PRESCOD, LAURA L	
STREET ADDRESS	545 KIRKWOOD TERRACE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESCOD, LAURA L.	
STREET ADDRESS	545 KIRKWOOD TERRACE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVIN, CHRISTOPHER G.	
STREET ADDRESS	545 KIRKWOOD TERRACE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Laura L. Pescod / LAURA L. PESCOD 02/21/2004 727-644-4894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #