

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088503

FILED
Apr 25, 2010
Secretary of State

Entity Name: KIDWORKS THERAPY OF FLORIDA, INC.

Current Principal Place of Business:

545 KIRKWOOD TERRACE NORTH
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7567
ST PETERSBURG, FL 33734 US

New Mailing Address:

P.O. BOX 7154
ST PETERSBURG, FL 33734 US

FEI Number: 20-0158018 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PESCOD, LAURA
545 KIRKWOOD TERRACE NORTH
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: PESCOD, LAURA L
Address: 545 KIRKWOOD TER N
City-St-Zip: ST PETERSBURG, FL 33701

Title: T
Name: IRVIN, CHRISTOPHER G
Address: P.O. BOX 7567
City-St-Zip: SAINT PETERSBURG, FL 33734

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA PESCOD

P

04/25/2010

Electronic Signature of Signing Officer or Director

Date