

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000099833

1. Entity Name
A+ KIDS THERAPY SERVICES, INC.



Principal Place of Business
11709 S. ORANGE BLOSSOM TR
103
ORLANDO, FL 32827

Mailing Address
11709 S. ORANGE BLOSSOM TR
103
ORLANDO, FL 32827



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0287004

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERMIN, MARIA A
13404 GREEN POINTE DRIVE
ORLANDO, FL 32824

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERMIN, MARIA A
STREET ADDRESS 11709 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VD
NAME JUGO, ARTHUR D
STREET ADDRESS 13404 GREEN POINTE DRIVE
CITY-ST-ZIP ORLANDO, FL 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000740339
05/14/07-80063-005 150.00

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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: the al f
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/07
Date

407-850-5045
Daytime Phone