

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 10, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P04000024596**

1. Entity Name  
**KIDDY CATS ACADEMY INC.**



Principal Place of Business

**360 MELLONVILLE AVE  
SANFORD, FL 32771**

Mailing Address

**360 MELLONVILLE AVE  
SANFORD, FL 32771**



07052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1199236**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROLLOCK, CATHERINE  
223 SAN GABRIEL ST  
WINTER SPRINGS, FL 32708**

**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

*Catherine Rollock*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

*7/5/07*

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **ROLLOCK, CATHERINE**  
STREET ADDRESS **223 SAN GABRIEL ST**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **VP**  
NAME **ROLLOCK, ASTREA**  
STREET ADDRESS **526 SAN GABRIEL CT**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **S**  
NAME **HOPKINS, ANIIS**  
STREET ADDRESS **223 SAN GABRIEL ST**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **S**  
NAME **GREEN, JAZMINE**  
STREET ADDRESS **223 SAN GABRIEL ST**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000787408  
07/10/07-80002-019 150.00

**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:**

*Catherine Rollock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/5/07*

DATE

Daytime Phone #

*407 383-2404*