

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000028715

1. Entity Name
FOR KIDS OF GAINESVILLE, INC.



Principal Place of Business
**8602 SW 42ND PLACE
GAINESVILLE, FL 32608**

Mailing Address
**8602 SW 42ND PLACE
GAINESVILLE, FL 32608**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0079268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, SALLY J
8602 SW 42ND PLACE
GAINESVILLE, FL 32608**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WIGGINS, HAROLD Q**
STREET ADDRESS **423 NW 102ND TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D**
NAME **WIGGINS, TERRY A**
STREET ADDRESS **423 NW 102ND TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D**
NAME **MARTIN, TOMAS D**
STREET ADDRESS **8602 SW 42ND PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D**
NAME **MARTIN, SALLY J**
STREET ADDRESS **8602 SW 42ND PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000775658
01/08/08-80038-011 150.00

**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: *Smart President* *Sally Martin* 1-5-08 352-335-4268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #