

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079315

FILED
Jan 10, 2005
Secretary of State

Entity Name: PLAYTIME KIDS FITNESS & FUN CENTER, INC.

Current Principal Place of Business:

1910 WELLS ROAD
ORANGE PARK, FL 32073

New Principal Place of Business:

1910 WELLS ROAD
ORANGE PARK, FL 32073 US

Current Mailing Address:

POST OFFICE BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

PO BOX 16952
JACKSONVILLE, FL 322456952 US

FEI Number: 20-1160325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSEL, SAMMUEL L
1910 WELLS ROAD
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

HANSEL, SAMMUEL L
1910 WELLS ROAD
ORANGE PARK, FL 32073 US

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: SAMMUEL L HANSEL

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSEL, SAMMUEL L
Address: 7932 SOUTHSIDE BLVD. APT 1702
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: HARRISON, NORMAN E
Address: 1172 HIDEAWAY DR. N.
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD () Delete
Name: PHOMVONGSA, SAM
Address: 433 SARAH TOWERS LN.
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANSEL, SAMMUEL L
Address: 7932 SOUTHSIDE BLVD APT 1702
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD (X) Change () Addition
Name: HARRISON, NORMAN E
Address: 1172 HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD (X) Change () Addition
Name: PHOMVONGSA, SAM
Address: 433 SARAH TOWERS LN
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SAMMUELL L HANSEL

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date