


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90419 007 ***150.00

DOCUMENT # P04000130452					
1. Entity Name CAN DO KIDS, INC.					
Principal Place of Business 4422 COMMERCIAL WAY SPRING HILL, FL 34607			Mailing Address 4422 COMMERCIAL WAY SPRING HILL, FL 34607		
2. Principal Place of Business 1273 Kass Circle Suite, Apt. #, etc.		3. Mailing Address 1273 Kass Circle Suite, Apt. #, etc.			
City & State Spring Hill, FL 34604		City & State Spring Hill, FL 34604			
Zip 34604		Country Hernando		4. FEI Number 20-2224176	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GOOCH, LESLIE M 4422 COMMERCIAL WAY SPRING HILL, FL 34607			
7. Name and Address of New Registered Agent Name: Gooch, Leslie M. Street Address (P.O. Box Number is Not Acceptable): 1273 Kass Circle City: Port State: FL Zip Code: 34604		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: <i>Leslie M. Gooch</i> Director Leslie M. Gooch 4/14/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DAVIS, DIANE A 4422 COMMERCIAL WAY SPRING HILL, FL 34607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DAVIS, DIANE A 1273 Kass Circle Spring Hill, FL 34604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOOCH, LESLIE M 4422 COMMERCIAL WAY SPRING HILL, FL 34607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Gooch, Leslie M. 1273 Kass Circle Spring Hill, FL 34604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Leslie M. Gooch</i> Leslie M. Gooch 4/14/06 352-683-3866 <small>(Signature and typed or printed name of signing officer or director Date Daytime Phone #)</small>					