

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90031 028 ***158.75

DOCUMENT # P06000070318

1. Entity Name
PIERRE'S KIDDELAND, INC.



60045523

Principal Place of Business
**800 SPRING LAKE SQUARE
WINTER HAVEN, FL 33881 US**

Mailing Address
**800 SPRING LAKE SQUARE
WINTER HAVEN, FL 33881 US**

2. Principal Place of Business - No P.O. Box #
225 AVE B NW
Suite, Apt. #, etc.

3. Mailing Address
225 AVE B NW
Suite, Apt. #, etc.



07142008 Chg-P CR2E034 (12/06)

City & State
WINTER HAVEN, FL

Zip Country
33881 US

City & State
WINTER HAVEN, FL

Zip Country
33881 US

4. FEI Number
20-4951152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PIERRE, FELICIA A
1922 BERMUDA PT DR
HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
Due by September 12, 2008**

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** ☐ Delete
NAME **PIERRE, FELICIA A**
STREET ADDRESS **1922 BERMUDA PT DR**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **VP** ☐ Delete
NAME **PIERRE, RICHARD**
STREET ADDRESS **1922 BERMUDA PT DR**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #