

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90002 024 ***150.00

40113406



09032008 Chg-P CR2E034 (12/06)

4. FEI Number **11-3802018** Applied For ☐ Not Applicable

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

DOCUMENT # P07000007030
1. Entity Name
KINGS KIDS LEARNING CENTER INC.



Principal Place of Business
**8130 LEM TURNER RD
JACKSONVILLE, FL 32208**

Mailing Address
**8130 LEM TURNER RD
JACKSONVILLE, FL 32208**

2. Principal Place of Business - No P.O. Box #
9077 Lem Turner Rd

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
City & State

Zip
32208

Country

6. Name and Address of Current Registered Agent
**ROBINSON, JACKIE B
8130 LEM TURNER RD
JACKSONVILLE, FL 32208**

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.

X SIGNATURE *Jackie Robinson* 9/3/08
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, JACKIE			NAME	Robinson, Jackie		
STREET ADDRESS	8130 LEM TURNER RD			STREET ADDRESS	9077 Lem Turner Rd Jacksonville, FL		32208
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAWN, JOHNSON			NAME	Carla Brown 11537 Tori Lane		
STREET ADDRESS	8130 LEM TURNER RD			STREET ADDRESS	Jacksonville, FL 32218		
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Jackie Robinson* 9/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #