

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041854

FILED  
Mar 04, 2004  
Secretary of State

Entity Name: KIDSTOWN LEARNING CENTER, INC.

## Current Principal Place of Business:

3126 MEDINAH CIR E  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

6995 CHARLESTON SHORES BLVD  
LAKE WORTH, FL 33467 US

## Current Mailing Address:

3126 MEDINAH CIR E  
LAKE WORTH, FL 33467 US

## New Mailing Address:

FEI Number: 65-0592306      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POUPORE, PAULA  
3126 MEDINAH CIRCLE EAST  
LAKE WORTH, FL 33467

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: POUPORE, PAULA  
Address: 3126 MEDINAH CIRCLE EAST  
City-St-Zip: LAKE WORTH, FL 33467

Title: P ( ) Delete  
Name: AUSTIN, PATRICIA A  
Address: 35805 LONE PINE LANE  
City-St-Zip: FARMINGTON HILLS, MI 48335

Title: VD ( ) Delete  
Name: AUSTIN, RICHARD K  
Address: 35805 LONE PINE LANE  
City-St-Zip: FARMINGTON HILLS, MI 48335

Title: V ( ) Delete  
Name: ORLANDO, CHARLES R  
Address: 3126 MEDINAH CIR.  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA ANNE AUSTIN

P

03/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date