2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000045221

1. Entity Name
KIDZ ACADEMY EDUCATIONAL CENTER, INC.

FILED
2008 APR 30 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
324 E GEORGIA ST
TALLAHASSEE, FL 32303

Mailing Address
324 E GEORGIA ST
TALLAHASSEE, FL 32303

04302008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-3318562 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HEAD, DON
404 EL DESTINADO DR
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEAD, DON D
STREET ADDRESS	404 EL DESTINADO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	V
NAME	HEAD, PHILANDER D
STREET ADDRESS	404 EL DESTINADO DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300127556143
05/01/08--01001--023 **150.00

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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: _____ 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #