


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P97000043174 1. Entity Name KIDS BEACH CLUB, INC. |  |
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| Principal Place of Business 1009 OCEAN SHORE BLVD ORMOND BEACH, FL 32176 | Mailing Address 395 S ATLANTIC AVE # 103 ORMOND BEACH, FL 32176 |
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04272006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3448806 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUFFETT, HENRY P
120 E GRANADA BLVD
ORMOND BEACH, FL FL321-75

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|-------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BARRES, PAULINE D 395 S ATLANTIC AVE, # 103 ORMOND BEACH, FL 32176 |
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05/10/06-80060-005 150.00

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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: Pauline Barres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 (386) 235-7981
Date Daytime Phone #