

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060119

Entity Name: DR. PLAYGROUND, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

2851 POLK ST.
HOLLYWOOD, FL 33020

New Principal Place of Business:

2851 POLK ST.
HOLLYWOOD, FL 330204228 US

Current Mailing Address:

PO BOX 848254
PEMBROKE PINES, FL 330840254

New Mailing Address:

PO BOX 848254
PEMBROKE PINES, FL 330840254 US

FEI Number: 65-0768355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KROHN, MICHAEL
2851 POLK ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

KROHN, I. MICHAEL III
PO BOX 848254
PEMBROKE PINES, FL 330840254 US

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: I. MICHAEL KROHN III

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KROHN, GLENEDA
Address: 2851 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPD () Delete
Name: KROHN, MARLEE
Address: 504 SOUTH 2ND STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DT () Delete
Name: KROHN, MIKE
Address: 2851 POLK ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS () Delete
Name: KROHN, TODD
Address: 504 S SECOND ST
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KROHN, MIKE
Address: 2851 POLK ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: KROHN, TODD
Address: 504 S SECOND ST
City-St-Zip: JACKSONVILLE, FL 32250

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: I. MICHAEL KROHN III

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date