

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000060119

1. Entity Name
DR. PLAYGROUND, INC.



Principal Place of Business
**504 SOUTH 2ND STREET
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**PO BOX 330067
ATLANTIC BEACH, FL 32233 US**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0768355

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KROHN, I. MICHAEL III
9480 NW 40TH STREET
CORAL SPRINGS, FL 33065**

**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

1/16/08

**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

**000000325182
05/20/08-80016-019 158.75**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KROHN, GLENEDA
STREET ADDRESS 9480 NW 40TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VPD
NAME KROHN, MARLEE
STREET ADDRESS 504 SOUTH 2ND STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE SD
NAME KROHN, MIKE
STREET ADDRESS 9480 NW 40TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE TD
NAME KROHN, TODD
STREET ADDRESS 504 S SECOND ST
CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/08 9543450700