

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066968

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: KID'S ZONE CHILD CARE, INC.

## Current Principal Place of Business:

1302 NW 12TH STREET  
GAINESVILLE, FL 326014120

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 358170  
GAINESVILLE, FL 32635

## New Mailing Address:

FEI Number: 59-3459913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUMMINGS, BARBARA R  
6515 NW 50TH LANE  
GAINESVILLE, FL US

## 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: P ( ) Delete  
Name: CUMMINGS, BARBARA R  
Address: P.O. BOX 358170  
City-St-Zip: GAINESVILLE, FL

Title: S ( ) Delete  
Name: ROCHELLE, CICILY  
Address: P.O. BOX 434  
City-St-Zip: MICANOPY, FL

Title: V ( ) Delete  
Name: CUMMINGS, LEON LAMAR  
Address: P.O. BOX 358170  
City-St-Zip: GAINESVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: ROCHELLE, CICELY  
Address: P.O. BOX 434  
City-St-Zip: MICANOPY, FL

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: BARBARA CUMMINGS

P

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date