


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90039 036 \*\*\*158.75

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P98000043310</b><br>1. Entity Name<br>KID-PRO THERAPY SERVICES, INC.   |  |  |  |  |  |
| Principal Place of Business<br>3327 W BEARSS AVE<br>TAMPA, FL 33618  |  |  | Mailing Address<br>13611 WATERFALL WAY<br>TAMPA, FL 33626  |   |  |
| 2. Principal Place of Business<br>16546 N. Dale Mabry  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br>Tampa  |  | City & State   |  |   |  |
| Zip<br>33618   |  | Country<br>USA   |  | 4. FEI Number<br>59-3525444   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |  |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>JONES, LORRAINE<br>13611 WATERFALL WAY<br>TAMPA, FL 33624   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| 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 _____  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JONES, LORRAINE<br>13611 WATERFALL WAY<br>TAMPA, FL 33624 |  | <input type="checkbox"/> Delete  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 |  |  |  |   |  |
| <b>SIGNATURE:</b> <i>Lorraine Jones</i> LORRAINE JONES   |  |  | 3/26/05 813 9600675  |   |  |