

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90114 034 \*\*\*150.00

**DOCUMENT # P98000071468**

1. Entity Name  
**KIDZ CORP.**



Principal Place of Business  
**2718 TERRACE DR.  
 TAMPA FL 33609**

Mailing Address  
**1843 TALLAVANNA TRAIL  
 HAVANA FL 32333**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business  
**1843 Tallavana Trail**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Havana, FL**  
 Zip  
**32333**

City & State  
 Zip  
 Country

4. FEI Number  
**59-1353271**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BANKS, JANICE M  
 2718 TERRACE DR.  
 TAMPA FL 33609**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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 Janice M. Banks (for change of address of business) 2-22-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>BANKS, BREWSTER E</b>	
STREET ADDRESS	<b>2718 TERRACE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>BANKS, JANICE M</b>	
STREET ADDRESS	<b>2718 TERRACE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Secretary L. Leach 2-22-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #