


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90085 002 ***150.00

DOCUMENT # P98000071468

1. Entity Name
 KIDZ CORP.



Principal Place of Business
 1843 TALLAVANNA TRAIL
 HAVANA FL 32333

Mailing Address
 1843 TALLAVANNA TRAIL
 HAVANA FL 32333



2. Principal Place of Business - No P.O. Box #
 1592 Marion Ct.

3. Mailing Address
 1592 Marion Ct.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 Tallahassee, FL

City & State
 Tallahassee, FL

Zip
 32303

Country
 US

Zip
 32303

Country
 US

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 Janice M. BANKS

Street Address (P.O. Box Number is Not Acceptable)
 1592 MARION CT.

City Tallahassee FL Zip Code 32303

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1592 Marion Ct	Tallahassee, FL 32303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1592 Marion Ct	Tallahassee, FL 32303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 850-3457787

Date Daytime Phone #