

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000098951**

1. Entity Name  
**KIDS LOVE US OF ORLANDO, INC.**



Principal Place of Business  
**112 AVERY LAKE DR  
WINTER SPRINGS, FL 32708 US**

Mailing Address  
**112 AVERY LAKE DR  
WINTER SPRINGS, FL 32708 US**



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3545673**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**PETRIE, COLEMAN A  
112 AVERY LAKE DR  
WINTER SPRINGS, FL 32708**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PETRIE, COLEMAN
STREET ADDRESS	112 AVERY LAKE DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	P
NAME	PETRIE, ELIZABETH A
STREET ADDRESS	112 AVERY LAKE DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000542529  
05/10/06-80102-006 150.00

**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.

*Elizabeth Alison Petrie, President*  
**SIGNATURE: ELIZABETH ALISON PETRIE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-06**

Date

**321-277-7128**

Daytime Phone #