2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000032163

1. Entity Name
KUDDLY KIDS DAY CARE, INC.

Principal Place of Business	Mailing Address
1023 SE 4TH AVE GAINESVILLE, FL 32601	1023 SE 4TH AVE GAINESVILLE, FL 32601

03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3566082

Not Applicable

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

6. Name and Address of Current Registered Agent

DIX, EDWIN B
5726 NW 43RD RD
GAINESVILLE, FL 32606

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 date of application) (REQUIRED - Registered Agent signature required when changing) DATE

FILE NUMBER FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000100426
04/01/04-80006-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIX, EDWIN B
STREET ADDRESS	5726 NW 43RD RD
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	VP
NAME	LEITNER, PHILIP M
STREET ADDRESS	2208 NW 3 PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 3/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #