

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90025 032 ***150.00

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1. Entity Name

ALL KIDS ACADEMY OF LUTZ, INC.



Principal Place of Business

1303 JEN-MA-JO LANE -
LUTZ FL 33549

Mailing Address

1303 JEN-MA-JO LANE
LUTZ FL 33549

2. Principal Place of Business

1910 Livingston Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

LUTZ, FLORIDA

City & State

LUTZ, FLORIDA

4. FEI Number

59-3582635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURDEN, BRIAN A ESQ
BRIAN A. BURDEN, P.A.
215 W. VERNE STREET, SUITE D
TAMPA FL 33606

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

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, 2004 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 PD ☐ Delete
NAME COLLURA, NANCY
STREET ADDRESS 1303 JEN-MA-JO LANE
CITY-ST-ZIP LUTZ FL 33549

TITLE TD ☐ Delete
NAME LABARBERA, FLORA
STREET ADDRESS 13620 LAKE MAGDALENE BLVD. UNIT 610
CITY-ST-ZIP TAMPA FL 33618

TITLE SD ☐ Delete
NAME COLLURA, SAM
STREET ADDRESS 1303 JEN-MA-JO LANE
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME LABARBERA, FLORA
STREET ADDRESS 13530 White Elk Loop
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Sam Collura SAM COLLURA SD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04
Date

813 948-0100
Daytime Phone #