

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061469

Entity Name: KIDZ CONNECTION LEARNING CENTER, INC.**Current Principal Place of Business:**1785 ELKCAM BLVD.
DELTONA, FL 32725**Current Mailing Address:**1785 ELKCAM BLVD.
DELTONA, FL 32725**FEI Number: 36-4640284****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORKINS, THOMAS
2645 SHIPROCK CT
DELTONA, FL 32738 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	CORKINS, MICHELE
Address	2645 SHIPROCK CT..
City-State-Zip:	DELTONA FL 32738

Title	VP
Name	CORKINS, THOMAS
Address	2645 SHIPROCK CT.
City-State-Zip:	DELTONA FL 32738

Title	TR
Name	BYRNS, PHYLLIS
Address	1096 PEAK CIRCLE
City-State-Zip:	DELTONA FL 32738

Title	BM
Name	CORKINS, MEAGAN M
Address	1088 PEAK CIRCLE.
City-State-Zip:	DELTONA FL 32738

Title	BM
Name	CORKINS, JULIE A
Address	2645 SHIPROCK CT..
City-State-Zip:	DELTONA FL 32738

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS CORKINS**VP****04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date