


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000289**  
1. Entity Name  
**100 DEPUTIES, 100 KIDS, INC.**



Principal Place of Business      Mailing Address  
**123 W. INDIANA AVE.**      **123 W. INDIANA AVE.**  
**DELAND, FL 32720 US**      **DELAND, FL 32720 US**

**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3162330</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**EDWARDS, JUDITH R**  
**123 W INDIANA AVE**  
**DELAND, FL 32721**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	PD EDWARDS, JUDITH R 123 W. INDIANA AVE. DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSS, LORETTA 123 W. INDIANA AVE. DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCINI, LYNDIA 123 W. INDIANA AVE. DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JIM 123 W INDIANA AVE DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, WILLIAM 123 W INDIANA AVE DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/06-80110-022 61.25

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**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 617, 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 Judith R. Edwards      Date 4/10/06      Daytime Phone # (386) 736-5989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR