


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

- FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000121179 1. Entity Name MUNCHKIN INC. OF FLORIDA	
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Principal Place of Business 11250 OLD ST. AUGUSTINE RD., #15357 JACKSONVILLE, FL 32257	Mailing Address 11250 OLD ST. AUGUSTINE RD., #15357 JACKSONVILLE, FL 32257
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04122004 No Chg-P CR2E034 (10/03)

4. FEI Number **80-0829558** | 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 KINYONMUNCH, KATHRYN E 5245 TREE WAY LANE SOUTH JACKSONVILLE, FL 32258

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUNCH, BRYAN 5245 TREE WAY LANE JACKSONVILLE, FL 32257
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04/29/04-80104-013 158.75

**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: Bryana Munch **4/27/04** **904-886-9602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #