

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90058 005 \*\*\*150.00

**DOCUMENT # P04000060988**



1. Entity Name  
**KARTOUCHE II INC.**

Principal Place of Business  
**12627 SAN JOSE BLD SUITE 304  
 JACKSONVILLE, FL 32223**

Mailing Address  
**12627 SAN JOSE BLD SUITE 304  
 JACKSONVILLE, FL 32223**

**66001633**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005

Chg-P

CR2E034 (10/03)

4. FEI Number

**02-0723777**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHINTER, DAVID P. - Winter, David P.**  
**5209 TIMUQUANA ROAD**  
**SUITE 13**  
**JACKSONVILLE, FL 32210**

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 reappointing)

DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KARTOUCHE II, INC	12627 SAN JOSE BLVD SUITE 304	JACKSONVILLE, FL 32223	<input type="checkbox"/>
V	KARTOUCHE II, INC	12627 SAN JOSE BLVD SUITE 304	JACKSONVILLE, FL 32223	<input type="checkbox"/>
T	KARTOUCHE II, INC	12627 SAN JOSE BLVD SUITE 304	JACKSONVILLE, FL 32223	<input type="checkbox"/>
S	KARTOUCHE II, INC	12627 San Jose Blvd 5209 TIMUQUANA ROAD, SUITE 13 JACKSONVILLE, FL 32210 32223 Suite 304		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: David P. Winter  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05 904-268-8780  
 Date Daytime Phone #