
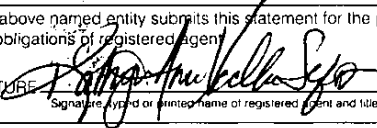
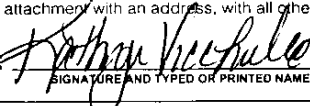


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90014 033 ***550.00

DOCUMENT # P06000079977 1. Entity Name K&D'S FAMILY RESTAURANT INC.					
Principal Place of Business 840 NORTH MAIN STREET BUSHNELL, FL 33513			Mailing Address 840 NORTH MAIN STREET BUSHNELL, FL 33513		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VICCHIULLO, KATHLEEN T 473 COUNTY ROAD 314 BUSHNELL, FL 33513			7. Name and Address of New Registered Agent Name Kathryn Ann Vicchiullo - Seufert Street Address (P.O. Box Number is Not Acceptable) 557 CR 314 Bushnell, FL 33513 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  DATE 8/8/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P VICCHIULLO, KATHLEEN T 473 COUNTY ROAD 314 BUSHNELL, FL 33513	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICCHIULLO-SEUFERT, KATHRYN A 557 COUNTY ROAD 314 BUSHNELL, FL 33513	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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 		DATE 8/8/07		Daytime Phone # 32-568-0910	