2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT\# 533084
Entity Name: S \& W KITCHENS, INC.

## Current Principal Place of Business:

461 E. HWY. 434
LONGWOOD, FL 32750

## Current Mailing Address:

461 E. HWY. 434
LONGWOOD, FL 32750

## Name and Address of Current Registered Agent:

TRIACCA, JEANETTE
461 E. HWY 434
LONGWOOD, FL 32750 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
Certificate of Status Desired: No

## FEI Number: 59-1739232

| SIGNATURE: | JEANETTE TRIACCA |
| :--- | :--- |
| Electronic Signature of Registered Agent | $01 / 21 / 2023$ |

## Officer/Director Detail :

| Title | PD | Title | VD |
| :--- | :--- | :--- | :--- |
| Name | CUMMINGS, BRIAN S. | Name | TRIACCA, LEWIS F. |
| Address | 2650 BENT HICKORY CIRCLE | Address | 110 FOXRIDGE RUN |
| City-State-Zip: | LONGWOOD FL 32779 | City-State-Zip: | LONGWOOD FL 32750 |
| Title | TD | Title | VD |
| Name | TRIACCA, JEANETTE | Name | STEENBEKE, JOSEPH J |
| Address | 110 FOXRIDGE RUN | Address | 1398 SHADY KNOLL CT. |
| City-State-Zip: | LONGWOOD FL 32750 | City-State-Zip: | LONGWOOD FL 32750 |

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[^0]:    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.

