

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003213

1. Entity Name
KITCHEN CONNECTION-GULF COAST, INC.



Principal Place of Business
**9 E LOCKERMAN ST., #205
DOVER, DE 79901**

Mailing Address
**2000 64TH AVE. SOUTH
ST. PETERSBURG, FL 33712**



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
02-0570617

Apply For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KING, TIMOTHY
2000 64TH AVE. S
ST. PETERSBURG, FL 33712**

**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

Signature, typed or printed name of the current registered agent. If a new name, (Not for Registered Agent signature and address only)

(Not for Registered Agent signature and address only)

Date

**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**

**000000072166
03/01/04-80100-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CPST
KING, TIMOTHY
2000 64TH AVE S
ST. PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
KING, REGINA
2000 64TH AVE. S
ST. PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**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: *Timothy King, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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