


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90099 009 ***150.00

DOCUMENT # F02271
 1. Entity Name
 TALLAHASSEE KITCHEN CENTER, INC.



Principal Place of Business 634 E. PARK AVE. TALLAHASSEE, FL 32301 US	Mailing Address 634 E. PARK AVE. TALLAHASSEE, FL 32301 US
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60003468



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2030796	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 GRABOWSKI, PAUL M
 4444 WIDGEON WAY
 TALLAHASSEE, FL 32303

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, 2007 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	PD GRABOWSKI, PAUL M 4444 WIDGEON WAY TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GRABOWSKI, SUSAN M 4444 WIDGEON WAY TALLAHASSEE, FL 32303
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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: SUSAN GRABOWSKI 1/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #