

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001957

1. Entity Name
KITCHELL/CEM, INC.



Principal Place of Business
1707 EAST HIGHLAND AVE., #280
PHOENIX, AZ 85016

Mailing Address
1707 EAST HIGHLAND AVE., #280
PHOENIX, AZ 85016



08112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0358697

Applied For
No: Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
PDC
DENK, GREG
STREET ADDRESS
1707 EAST HIGHLAND AVE., #280
CITY-ST-ZIP
PHOENIX, AZ 85016

TITLE
NAME
VD
PUDDY, DON
STREET ADDRESS
1707 EAST HIGHLAND AVE., #280
CITY-ST-ZIP
PHOENIX, AZ 85016

TITLE
NAME
S
WOLF, KAREN
STREET ADDRESS
1707 EAST HIGHLAND AVE., #280
CITY-ST-ZIP
PHOENIX, AZ 85016

TITLE
NAME
T
LOVELL, DOUG PE
STREET ADDRESS
1707 EAST HIGHLAND AVE., #280
CITY-ST-ZIP
PHOENIX, AZ 85016

TITLE
NAME
D
SCHUBERT, WM. C.
STREET ADDRESS
1707 EAST HIGHLAND AVE., #280
CITY-ST-ZIP
PHOENIX, AZ 85016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000170245
08/16/04-80007-013 150.00

**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 199.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/04 602.266.1970

Date Daytime Phone #