


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F34307
 1. Entity Name
CONTINENTAL KITCHENS, INC.



Principal Place of Business
**525 ST. JUDES DR
 LONGBOAT KEY, FL 34228**

Mailing Address
**525 ST. JUDES DR
 LONGBOAT KEY, FL 34228**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2094596

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTENSEN, LYNN S
 525 ST JUDE DRIVE
 LONGBOAT KEY, FL 34228**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be
 Added to Fees**

U00000243209
 02/25/05-80029-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHRISTENSEN, HAROLD R
STREET ADDRESS	525 ST JUDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 00000,
TITLE	D
NAME	CHRISTENSEN, LYNN S
STREET ADDRESS	525 ST JUDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 00000,
TITLE	VST
NAME	CHRISTENSEN, LYNN S
STREET ADDRESS	525 ST JUDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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)(f), 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: *Lynn S Christensen* **LYNN CHRISTENSEN** **2-22-05** **941-383-**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0777**