

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F34307

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: CONTINENTAL KITCHENS, INC.

**Current Principal Place of Business:**

525 ST. JUDES DR  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

525 ST. JUDES DR  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 59-2094596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CHRISTENSEN, LYNN S  
525 ST JUDES DRIVE  
LONGBOAT KEY, FL 34228 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: LYNN S. CHRISTENSEN

03/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHRISTENSEN, HAROLD, R  
Address: 525 ST JUDE DRIVE  
City-St-Zip: LONGBOAT KEY, FL 00000,

Title: D ( ) Delete  
Name: CHRISTENSEN, LYNN S,  
Address: 525 ST JUDE DRIVE  
City-St-Zip: LONGBOAT KEY, FL 00000,

Title: VST ( ) Delete  
Name: CHRISTENSEN, LYNN S,  
Address: 525 ST JUDE DRIVE  
City-St-Zip: LONGBOAT KEY, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHRISTENSEN, HAROLD R  
Address: 525 ST JUDES DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change ( ) Addition  
Name: CHRISTENSEN, LYNN S  
Address: 525 ST JUDES DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VST (X) Change ( ) Addition  
Name: CHRISTENSEN, LYNN S  
Address: 525 ST JUDES DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNN S. CHRISTENSEN

D

03/08/2007

Electronic Signature of Signing Officer or Director

Date