


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # G06891	
1. Entity Name GOLD MEDAL KITCHENS, INC.	

Principal Place of Business 1650 SE NIEMEYER CIRCLE PORT ST. LUCIE FL 34952	Mailing Address 1650 SE NIEMEYER CIRCLE PORT ST. LUCIE FL 34952
--	--



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2246206 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKEEVER, DAVID L.
709 SE EVERGREEN TERRACE
PORT SAINT LUCIE FL 34983

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 reinstalling) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>
---	---

10. OFFICERS AND DIRECTORS

TITLE	TS <input type="checkbox"/> Delete
NAME	MCKEEVER, DAVID L.
STREET ADDRESS	709 EVERGREEN TERRACE
CITY-ST-ZIP	PT. ST. LUCIE FL 34983
TITLE	DP <input type="checkbox"/> Delete
NAME	MCKEEVER, ROBERT W
STREET ADDRESS	1650 SE NIEMEYER CIRCLE
CITY-ST-ZIP	PT. ST. LUCIE FL 34952
TITLE	V <input type="checkbox"/> Delete
NAME	GIOVANNELLI, RICHARD A.
STREET ADDRESS	1498 SE MINORCA AVENUE
CITY-ST-ZIP	PT. ST. LUCIE FL 34952
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David L. McKeever Sec/Treas. 2/7/06 772 335-59

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #