

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90004 002 ***150.00

DOCUMENT # K09789

1. Entity Name
KITCHEN DESIGNS, INC.



Principal Place of Business
7306 SANDSCOVE CT.
WINTER PARK, FL 32792 US

Mailing Address
7306 SANDSCOVE CT.
WINTER PARK, FL 32792 US



07302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2888859

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POTCHEN, DOUGLAS S.
7306 SANDSCOVE COURT
WINTER PARK, FL 32792

**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 \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POTCHEN, DOUGLAS S
STREET ADDRESS	757 BEAR CREEK CIR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	POTCHEN, DIANE S.
STREET ADDRESS	757 BEAR CREEK CIR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	POTCHEN, THOMAS M.
STREET ADDRESS	4501 N. LANDMARK DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30/08 407-679-6799