2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

Mar 08, 2004 8:00 am Secretary of State DOCUMENT # L02207 1. Entity Name 03-08-2004 90020 038 ***150.00 KITCHEN TECH SERVICES, INC. Principal Place of Business Mailing Address 4554 - 47TH AVENUE N 4554 - 47TH AVENUE N SAINT PETERSBURG FL 33714 SAINT PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address 4651 41841 4651 Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2958738 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHARP, TED 5111 66TH ST N #403 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33709 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Yresident LOSKE, FREDERICK J NAME NAME Sherri McLauchlin STREET ADDRESS 4612 IRIS ST N STREET ADDRESS 4651 41St Aven. ST PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP St. Petersburg TITLE ☐ Delete vice President TITLE Addition NAME MCLAUCHLIN, MARTIN NAME STREET ADDRESS 4651 41ST AVE N STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME .STREET_ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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

Sherri Molauchlin

FILED