

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L68029**

1. Entity Name  
**KITCHEN RESTORATIONS, INC.**



Principal Place of Business

**2830 FORSYTH ROAD  
SUITE 442  
WINTER PARK, FL 32792**

Mailing Address

**2830 FORSYTH ROAD  
SUITE 442  
WINTER PARK, FL 32792**

**DO NOT WRITE IN THIS SPACE**



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3007206**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MULBERRY, F. NEALE  
2830 FORSYTH ROAD  
SUITE 442  
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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000523674  
05/03/06-80082-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MULBERRY, JANE A.
STREET ADDRESS	967 TROON TRACE
CITY-STATE-ZIP	WINTER SPRINGS, FL 32708
TITLE	P
NAME	MULBERRY, F. NEALE
STREET ADDRESS	967 TROON TRACE
CITY-STATE-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-18-06 407 671-5483**