2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90035 023 ***150.00

DOCUMENT # M76555

1. Entity Name
CREATIVE KITCHEN CENTER, INC.

Principal Place of Business	Mailing Address
680 FARMERS MARKET RD FORT PIERCE FL 34922 US	680 FARMERS MARKET RD FORT PIERCE FL 34922 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
680 Farmers Market Rd	680 Farmers Market Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT Pierce FL	City & State: FT Pierce, FL
Zip: 34982 Country: US	Zip: 34982 Country: US

4. FEI Number 59-2780863 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, DAVID M
273 SE FALLON DR
PT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name: Smith, David M
Street Address (P.O. Box Number is Not Acceptable): 801 SE Kendall Ave
City: PT ST Lucie FL Zip Code: 34983

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH DAVID M. 273 SE FALLON DRIVE PORT ST LUCIE FL	☐ Delete	P Smith, David M. 801 SE Kendall Ave Port St Lucie FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVID M. SMITH 273 SE FALLON DR. PT.ST. LUCIE FL	☐ Delete	T David M. Smith 801 SE Kendall Ave Port St Lucie FL 34983.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAVID M. SMITH 273 SE FALLON DR. PT. ST. LUCIE FL	☐ Delete	S David M. Smith 801 SE Kendall Ave Port St Lucie, FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: DM K 3/24/08 7724614490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #