2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # P00000006746** 1. Entity Name 04-06-2005 90117 019 ***150.00 GOGUEN'S KITCHEN COMPANY Mailing Address Principal Place of Business 3409 PELICAN LANDING PKWY 3409 PELICAN LANDING PKWY **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 3. Mailing Address 12801 Commonweath 2. Principal Place of Business 12801 Commonweath Dr Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Unit 11 <u>Unit 11</u> City & State 4. FEI Number Applied For City & State 65-0974384 Fort Myers Fort Myers Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33913 339 I 3 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Goguen (F374 GOGUEN, GARY J Street Address (P.O. Box Number is Not Acceptable) 3409 PELICAN LANDING PKWAY 12801 Common wealth SUITE #3 **BONITA SPRINGS FL 34134** Zip Code 339 /3 Fort Myers 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!K FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE ☐ Addition ☐ Delete NAME GOGUEN, GARY J NAME 3408 PELICAN PKWY; STE.3 12801 Commonwell BONITA SPRINGS FL 34134 Fort Myers 33913 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VTD ☐ Delete Change ☐ Addition GOGUEN, MARYALICE C NAME 3409 PELIGAN PKWY, STE. 3 12801 Commonwes (+4 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP CITY+ST-ZIP Fort Myers 33913 Delete TITLE Change ☐ Addition NAME GOGUEN, TODD M NAME STREET ADDRESS STREET ADDRESS 3409 PELICAN PKWY SUITE 3 CITY-ST-7IP CITY-ST-ZIP BONITA SPRINGS FL 34134 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHTY-ST-ZIP ☐ Delete ☐ Change Addition . TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

with all other like empowered.

Gary
INTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an.

SIGNATURE:

FILED