2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000007558

1 Entity Name
MARIA'S KITCHEN HOMESTYLE RESTAURANT, INC.

Principal Place of Business	Mailing Address
12931 WALSINGHAM ROAD LARGO, FL 33774-3537	12931 WALSINGHAM ROAD LARGO, FL 33774-3537

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3643506
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZEHACZEK, HEINZ
12931 WALSINGHAM ROAD
LARGO, FL 34644-3537

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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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZEHACZEK, HEINZ
STREET ADDRESS	116 15TH ST
CITY-ST-ZIP	BELLEAIR BEACH FL 33786
TITLE	VP
NAME	ZEHACZEK, ERIKA
STREET ADDRESS	116 15TH ST
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80059-021 150.00

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

SIGNATURE: Heinz Zehaczek PRES. 04/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HEINZ ZEHACZEK