

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000030255**  
1. Entity Name  
KITCHEN ART OF CENTRAL FLORIDA, INC.



Principal Place of Business      Mailing Address  
3200 43RD AVE, SUITE 10      3200 43RD AVE, SUITE 10  
VERO BEACH, FL 32960      VERO BEACH, FL 32960

**DO NOT WRITE IN THIS SPACE**



01162004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-1016374	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
JONES, GREG  
11866 WILES ROAD  
CORAL SPRINGS, FL 33076

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, GREG 11866 WILES RD CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SINGER, ALAN J 3200 43RD AVE., SUITE 10 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEMPEL, DON 950 CELEBRATION BLVD., SUITE F KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCHELL, JEFF 950 CELEBRATION BLVD., STE F KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000010210  
01/22/04-80022-011 158.75

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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:** Alan J. Singer, Vice President      1/16/2004      407-832-9829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Alan J. Singer*