2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90267 024 ***150.00

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1. Entity Name
KITCHEN ART OF CENTRAL FLORIDA, INC.

20046174

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

03302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4333 Silver Star Rd.	4333 Silver Star Rd.
Suite, Apt. #, etc. Suite 140	Suite, Apt. #, etc. Suite 140
City & State Orlando, FL	City & State Orlando, FL
Zip 32808 Country USA	Zip 32808 Country USA

4. FEI Number
65-1016374
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, GREG 11866 WILES ROAD CORAL SPRINGS, FL 33076	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2005 Fee will be $550.00

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	PD JONES, GREG 11866 WILES RD CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SINGER, ALAN J 3200 43RD AVE., SUITE 10 VERO BEACH, FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition VD SINGER, ALAN J 4333 Silver Star Rd. #140 Orlando, FL 32808
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HEMPEL, DON 950 CELEBRATION BLVD., SUITE F KISSIMMEE, FL 34747	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARCHELL, JEFF 950 CELEBRATION BLVD., STE F KISSIMMEE, FL 34747	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #