

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90040 050 ***150.00

DOCUMENT # P01000030192

1. Entity Name
KIBBITZ & NOSH, INC.



Principal Place of Business
~~15455 MCGREGOR BLVD~~
~~FT MYERS, FL 33908~~

Mailing Address
15455 MCGREGOR BLVD
FT MYERS, FL 33908

2. Principal Place of Business
15200-15248 Plymouth Center

3. Mailing Address
15200-15248 Plymouth Center



Suite, Apt. #, etc.
Unit 104

Suite, Apt. #, etc.
Unit 104

03052004 Chg-P CR2E034 (10/03)

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
65-1097968

Applied For
Not Applicable

Zip
33908

Country
USA

Zip
33908

Country
USA

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

BOLANOS TRUXTON PA
12800 UNIVERSITY DR
SUITE ~~340~~
FORT MYERS, FL ~~33908~~

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 350

City

FL Zip Code
33907

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 (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete
NAME KISZKA, RICHARD
STREET ADDRESS 15218 CAPE SABAL LN
CITY-ST-ZIP FT MYERS, FL 33908

TITLE DP ☐ Delete
NAME KISZKA, VICKI
STREET ADDRESS 15218 CAPE SABAL LN
CITY-ST-ZIP FT MYERS, FL 33908

TITLE DT ☐ Delete
NAME KISZKA, DAVID-
STREET ADDRESS 15218 CAPE SABAL LN
CITY-ST-ZIP FT MYERS, FL 33908

TITLE S ☐ Delete
NAME KRUKAR, KYLE
STREET ADDRESS 15218 CAPE SABAL LN
CITY-ST-ZIP FT MYERS, FL 33908

TITLE VP ☐ Delete
NAME KRUKAR, JARED
STREET ADDRESS 15218 CAPE SABLE LN
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #