

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000030192

1. Entity Name  
KIBBITZ & NOSH, INC.



Principal Place of Business  
15200-15248 PLYMOUTH CENTER  
UNIT 104  
FORT MYERS, FL 33908 US

Mailing Address  
15200-15248 PLYMOUTH CENTER  
UNIT 104  
FORT MYERS, FL 33908 US



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1097968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BOLANOS, TRUXTON PA  
12800 UNIVERSITY DR  
SUITE 350  
FORT MYERS, FL 33908

**DO NOT WRITE  
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 \_\_\_\_\_  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D KISZKA, RICHARD 15218 CAPE SABAL LN FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KISZKA, VICKI 15218 CAPE SABAL LN FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KISZKA, DAVID 15218 CAPE SABAL LN FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRUKAR, KYLE 15218 CAPE SABAL LN FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRUKAR, JARED 15218 CAPE SABLE LN FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000349022  
05/02/05-80049-002 150.00

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IN THIS SPACE**

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

4/25/05 238-482-6674  
Date Daytime Phone #