

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000069053

1. Entity Name
KIANKA FOODS, INC.



FILED

05 MAR 17 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

Principal Place of Business
**3801 10TH AVENUE NORTH
LAKE WORTH FL 33461**

Mailing Address
**3801 10TH AVENUE NORTH
LAKE WORTH FL 33461**

2. Principal Place of Business
Boat House

3. Mailing Address
3801 10th Ave North

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip
33415

Country
USA

4. FEI Number
65-1120064

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**KIANKA, BARBARA
3801 10TH AVE N
LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent
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
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
Make Check Payable to Florida Department of State

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 PSTD	☐ Delete	TITLE KIANKA, BARBARA	☐ Change ☐ Addition
NAME KIANKA, BARBARA		NAME	
STREET ADDRESS 3801 10TH AVENUE NORTH		STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33461		CITY-ST-ZIP	
TITLE NONE	☐ Delete	TITLE NONE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NONE	☐ Delete	TITLE NONE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NONE	☐ Delete	TITLE NONE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NONE	☐ Delete	TITLE NONE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **KIANKA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone