

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000121179

1. Entity Name  
MUNCHKIN INC. OF FLORIDA



- FILED  
Apr 29, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
11250 OLD ST. AUGUSTINE RD., #15357  
JACKSONVILLE, FL 32257

Mailing Address  
11250 OLD ST. AUGUSTINE RD., #15357  
JACKSONVILLE, FL 32257



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
80-0829558

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KINYONMUNCH, KATHRYN E  
5245 TREE WAY LANE SOUTH  
JACKSONVILLE, FL 32258

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, 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  
P  
MUNCH, BRYAN  
5245 TREE WAY LANE  
JACKSONVILLE, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

000000139124  
04/29/04-BU104-013 158.75

DO NOT WRITE  
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:

*Bryna Munch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04  
Date

904-886-9602  
Daytime Phone #