

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90298 008 ***150.00

DOCUMENT # P01000121179

1. Entity Name
MUNCHKIN INC. OF FLORIDA



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

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

14011743



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005

Chg-P

CR2E034 (10/03)

4. FEI Number
80-0829558

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **KINYON MUNCH KATHRYN E**
Street Address (P.O. Box Number is Not Acceptable)
2153 SWEET BRIAR LANE
City **JACKSONVILLE** FL Zip Code **32217**

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

Kathryn E. Munch
KATHRYN E. MUNCH

4/26/05

Signature, typed or printed name of registered agent and fee, 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 **P** ☐ Delete
NAME **MUNCH, BRYAN**
STREET ADDRESS **5245 TREE WAY LANE**
CITY - ST - ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **MUNCH BRYAN**
STREET ADDRESS **2153 SWEET BRIAR LANE**
CITY - ST - ZIP **JACKSONVILLE, FL 32217**

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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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:

Bryan D. Munch
BRYAN D. MUNCH **4/26/05** **904 448-1408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone