

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**

**Mar 08, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P02000017496**

**1. Entity Name**

**KITCHENS' ICE CREAM COMPANY, INC.**



**Principal Place of Business**

**543 BECKVICH  
PANAMA CITY BEACH FL 32407**

**Mailing Address**

**161 GRAND LAGOON SHORES DRIVE  
PANAMA CITY BEACH FL 32408**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number 30-0053819**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

**IV \$8.75 Additional  
Fee Required**

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

**7. Name and Address of New Registered Agent**

**KITCHENS, ALAN  
161 GRAND LAGOON SHORES DRIVE  
PANAMA CITY BEACH FL 32408**

**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, 2004 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 PS**  
**NAME KITCHENS, ALAN**  
**STREET ADDRESS 161 GRAND LAGOON SHORES DRIVE**  
**CITY - ST - ZIP PANAMA CITY BEACH FL 32408**

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**TITLE T**  
**NAME KITCHENS, SHERRI**  
**STREET ADDRESS 161 GRAND LAGOON SHORES DRIVE**  
**CITY - ST - ZIP PANAMA CITY BEACH FL 32408**

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

**Sherrri Kitchens**

**2/15/04**

**850 249-8300**

**Date**

**Daytime Phone #**