

Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90264 006 ***158.75

DOCUMENT # P02000050292

1. Entity Name

THE KITCHEN SHOPPE, INC.



Principal Place of Business

3965 HALL RD.
BIG PINE, FL 33043 US

Mailing Address

3965 HALL RD.
BIG PINE, FL 33043 US

94076245



2. Principal Place of Business

29879 Newfound Blvd

3. Mailing Address

Suite, Apt. #, etc.

same

04192004

Chg-P

CR2E034 (10/03)

City & State

Big Pine Key FL

Zip
33043

Country

USA

City & State

Zip

Country

4. FEI Number

42-1535488

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIPES, MICHAEL L
3965 HALL RD.
BIG PINE, FL 33043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

29879 Newfound Blvd

City

Big Pine Key

FL

Zip Code
33043

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 \$550.009. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SIPES, MICHAEL L
STREET ADDRESS 3965 HALL RD.
CITY-ST-ZIP BIG PINE, FL 33043TITLE S ☒ Delete
NAME GABALDON, FRED
STREET ADDRESS PO BOX 522541
CITY-ST-ZIP MARATHON SHORES, FL 33052TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 29879 Newfound Blvd
CITY-ST-ZIP Big Pine Key FL 33043TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #