


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000050569 1. Entity Name KIRKPLAN KITCHENS OF CHARLOTTE COUNTY, INC.	
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Principal Place of Business 20020 VETERANS BLVD STE 12 PORT CHARLOTTE, FL 33954	Mailing Address 20020 VETERANS BLVD STE 12 PORT CHARLOTTE, FL 33954
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DO NOT WRITE IN THIS SPACE



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0596019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, KURT F
6624 GATEWAY AVE.
SARASOTA, FL 34231

**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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, NIGEZ 2139 PAGUOA LANE PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALLIE, IAN 275 DOLPHINE SHORE CIR NOKOMIS, FL 34275
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04 941 6258003
Date Daytime Phone #