

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90009 002 ***150.00

DOCUMENT # P02000061608

1. Entity Name

KITCHEN ART & DESIGN, INC.



Principal Place of Business

3620 NW 97TH BLVD
GAINESVILLE FL 32606

Mailing Address

3620 NW 97TH BLVD
GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

45-0478975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEBERT, MARC
9909 N.W. 25TH PLACE
GAINESVILLE FL 32606

Name

HEBERT, MARC

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

160 SATSUMA ST

City

KEYSTONE HEIGHTS

FL

Zip Code

32656

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

2/26/04

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 P
NAME HEBERT, MARC ☐ Delete
STREET ADDRESS 9909 NW 25TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE P
NAME HEBERT, MARC ☒ Change ☐ Addition
STREET ADDRESS 160 SATSUMA ST
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE V
NAME LAPOINTE, JULIE ☐ Delete
STREET ADDRESS 5950 SW 20TH AVE 159
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 #

02/13/04