

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90049 007 ***158.75

DOCUMENT # P02000119116 1. Entity Name ADVANCED KITCHEN DESIGNS, INC.			
Principal Place of Business 1805 N. CORNELL AVE. LEHIGH ACRES FL 33971		Mailing Address 1805 N. CORNELL AVE. LEHIGH ACRES FL 33971	
2. Principal Place of Business 7600 Alico Rd Suite, Apt. #, etc. unit 10 City & State Ft. Myers, FL Zip 33912		3. Mailing Address 7600 Alico Rd. Suite, Apt. #, etc. 10 City & State Ft. Myers, FL Zip 33912	
4. FEI Number 2141884334 APPLIED FOR		MOORE CR2E034 (11/03) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ESCOBAR, ABDIEL 1805 N. CORNELL AVE. LEHIGH ACRES FL 33971	
7. Name and Address of New Registered Agent Name 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBAR, ABDIEL 1805 CORNELL AVE N LEHIGH ACRES FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/19/04 (239) 332-2111 <small>Daytime Phone #</small>	