

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90218 001 ***158.75

DOCUMENT # P03000060409

1. Entity Name

KITCHENS TRUCKING INC.



Principal Place of Business

128 DAHL AVE
SEBASTIAN FL 32958
US

Mailing Address

128 DAHL AVE
SEBASTIAN FL 32958
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8245 97th Court

4921 Hames Trace

City & State
Vero Beach FL

City & State
Louisville, Ky

1st MOORE

CR2E034 (10/04)

Zip
32967

Country
US

Zip
40291-4929

Country
US

4. FEI Number 33-1059794

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

KITCHENS, NEAL W
128 DAHL AVE
SEBASTIAN FL 32958

Name Neal W. Kitchens

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

8245 97th Court

City Vero Beach

FL

Zip Code
32967

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, 2005 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,S ☐ Delete
NAME KITCHENS, NEAL W
STREET ADDRESS 128 DAHL AVE
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE P,S,D,C ☒ Change ☐ Addition
NAME Neal W. Kitchens
STREET ADDRESS 8245 97th Court
CITY-ST-ZIP Vero Beach, FL 32967

TITLE VP,T ☒ Delete
NAME KITCHENS, SHARON K
STREET ADDRESS 128 DAHL AVE
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE VP,T ☐ Change ☒ Addition
NAME Renee M. Ojala
STREET ADDRESS 4921 Hames Trace
CITY-ST-ZIP Louisville, Ky 40291-4929

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Neal W. Kitchens
President

Date

Daytime Phone #

4-1-05

(27) 891-0041