

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000065735

1. Entity Name  
KRISTEN KOLDENHOVEN DESIGNS, INC.



Principal Place of Business  
4395 ST JOHN PARKWAY  
SANFORD, FL 32771

Mailing Address  
4395 ST JOHN PARKWAY  
SANFORD, FL 32771



04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0180963

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KOLDENHOVEN, KRISTEN  
104 SPRING LAKE LANE  
ALTAMONTE SPRINGS, FL 32714

**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 of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000345814  
04/30/05-80051-007 150.00

**10. OFFICERS AND DIRECTORS**

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | D                           |
| NAME            | KOLDENHOVEN, KRISTEN        |
| STREET ADDRESS  | 104 SPRING LAKE LANE        |
| CITY - ST - ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE           | D                           |
| NAME            | KOLDENHOVEN, LINDA          |
| STREET ADDRESS  | 104 SPRING LAKE LANE        |
| CITY - ST - ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KRISTEN KOLDENHOVEN 4/25/2005