

01-12-2004 90019 017 ***158.75

DOCUMENT # P03000069135 1. Entity Name KLEVOR KITCHENS, INC.		Secretary of State 01-12-2004 90019 017 ***158.75	
Principal Place of Business 1508 JENSEN BEACH BLVD JENSEN BEACH, FL 34957		Mailing Address 1508 JENSEN BEACH BLVD JENSEN BEACH, FL 34957	
2. Principal Place of Business add the "N.E." only 1508 NE Jensen Beach Blvd		3. Mailing Address 1508 NE Jensen Beach Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent MCGINN, KEVIN - 1508 JENSEN BEACH BLVD JENSEN BEACH, FL 34957		7. Name and Address of New Registered Agent Name Kevin D. McGinn Street Address (P.O. Box Number is Not Acceptable) 635 NW Australian St. City Stuart FL Zip Code 34994	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 P <input type="checkbox"/> Delete NAME MCGINN, KEVIN STREET ADDRESS 1508 JENSEN BEACH BLVD CITY-ST-ZIP JENSEN BEACH, FL 34957		TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Kevin D. McGinn STREET ADDRESS 635 NW Australian St. CITY-ST-ZIP Stuart FL 34994	
TITLE VP <input type="checkbox"/> Delete NAME MCGINN, LORI STREET ADDRESS 1508 JENSEN BEACH BLVD CITY-ST-ZIP JENSEN BEACH, FL 34957		TITLE VP/T/S/D/CI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lorry A. McGinn STREET ADDRESS 635 NW Australian St. CITY-ST-ZIP Stuart FL 34994	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Lorry A. McGinn 1/7/04 232-075			