

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073277

Entity Name: KOZEE KITCHEN, INC.

FILED  
Mar 15, 2006  
Secretary of State

**Current Principal Place of Business:**

1225 TAMIAMI TR #A4  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

17164 KELLOG AVE  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number: 61-1452976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAHAM, GUDRUN  
17164 KELLOG AVE  
PORT CHARLOTTE, FL 33954 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SADLER, EDITH  
Address: 62 BISHOP STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D ( ) Delete  
Name: GRAHAM, GUDRUN  
Address: 17164 KELLOG AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUDRUN GRAHAM

D

03/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date