

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90010 031 \*\*\*150.00

24078070



07212004 Chg-P CR2E034 (10/03)

4. FEI Number **56-2387297** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ.  
2240 BELLEAIR RD., STE. 160  
CLEARWATER, FL 33764

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, DANIEL P	
STREET ADDRESS	1737 SHERWOOD ST.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTON, JAMES S	
STREET ADDRESS	1737 SHERWOOD ST.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTON, KECIA A	
STREET ADDRESS	1737 SHERWOOD ST.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Daniel P	
STREET ADDRESS	1737 Sherwood St.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winton, James S	
STREET ADDRESS	1737 Sherwood St.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winton, Kecia A.	
STREET ADDRESS	1737 Sherwood St.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Kecia A. Winton KECIA A. WINTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/04 727-776-2867  
Date Daytime Phone #

Attachment  
24078070

**KITCHEN MAGICIANS OF CLEARWATER, INC.**  
1737 Sherwood Street  
Clearwater, Florida 33755

July 22, 2004

Secretary of State  
Attn: Reinstatement Department  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Kitchen Magicians of Clearwater, Inc.  
Document # P03000089620

Dear Sir/Madam:

Enclosed please find our 2004 Annual Report and check number 2146 in the amount of \$150.00 which represents the filing fee.

We are asking that you kindly waive the additional fee that is due since we never received the Annual Report.

Please file at your earliest convenience and if you have any questions please contact the undersigned at (727) 459-1505.

Sincerely,

KITCHEN MAGICIANS OF CLEARWATER, INC.



Daniel P. Wilson

DPW/psb

Enclosures: