

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000118070

1. Entity Name
K & D EATZ AND TREATZ, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 16 PM 3:46

Principal Place of Business
2331 PHILLIPS RD
TALLAHASSEE, FL 32308

Mailing Address
2331 PHILLIPS RD
TALLAHASSEE, FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



04162004 Chg-P CR2E034 (10/03)

4. FEI Number
32-0096277- Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, KENNETH
1062 S LEE ST
MADISON, FL 32340

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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DAVIS, KENNETH
STREET ADDRESS PO BOX 425
CITY-ST-ZIP MADISON, FL 32341

TITLE D ☒ Delete
NAME DAVIS, RENEE DIANNE
STREET ADDRESS PO BOX 425
CITY-ST-ZIP MADISON, FL 32341

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Margaret Whyms
STREET ADDRESS PO Box 425
CITY-ST-ZIP Madison Fla. 32340

TITLE ☐ Change ☒ Addition
NAME Vice President:
STREET ADDRESS Kenneth Davis
CITY-ST-ZIP PO Box 425
Madison Fla 32341

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200033723212
04/23/04--01023--010 **150.00

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

date

Daytime Phone #

4/16/04