

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90005 039 ***150.00

DOCUMENT # P03000123338

1. Entity Name

KITCHENS BY J.D. KITCHEN, INC.



Principal Place of Business

5241 SE 55TH TERR.
STUART FL 34997

Mailing Address

5241 SE 55TH TERR.
STUART FL 34997

2. Principal Place of Business

5241 SE 55th Ter.
Suite, Apt. #, etc.

3. Mailing Address

5241 SE 55th Ter.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

14-1899534

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Lynn Kitchen

Street Address (P.O. Box Number is Not Acceptable)

5241 SE 55th Terrace

City: Stuart

FL

Zip Code: 34997

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

Lynn Kitchen

Vice-President

1-24-04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: KITCHEN, J.D.
STREET ADDRESS: 5241 SE 55TH TERR.
CITY-ST-ZIP: STUART FL 34997

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:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P. KITCHEN, J.D. ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 5241 SE 55th Terrace
CITY-ST-ZIP: STUART, FL 34997

TITLE: VITIS. ☐ Change ☒ Addition
NAME: Lynn Kitchen
STREET ADDRESS: 5241 SE 55th Ter
CITY-ST-ZIP: STUART, FL 34997

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:

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:

J.D. Kitchen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04

Date

772-781-4439

Daytime Phone #