## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 16, 2007 8:00 am Secretary of State

DOCUMENT # P03000137705  1. Entity Name KUTTLER KITCHENS, INC.				01-16-2007 90212 022 ***150.00				
Principal Place of Business Mailing Address				-	601	)013as		
8074 31 AVE NORTH ST PETERSBURG, FL 33710  8074 31 AVE NORTH ST PETERSBURG, FL 33710			10					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8820 - 6644 Ct. 8820 - 6644 Suite, Apt. #, etc.			h Ct.					
City & Stat				01102007	Chg-P	CR2E034 (12/0	6)	
Pinellas Park, FL Pinellas Park,			- FL	4. FEI Number 20-04128	373		Applied For Not Applicable	
zip 33	Country	133782	Country	5. Certificate of	Status Desired	\$8.75 Fee Req	Additional	
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New	Registered Agent		
KUTTLER, CARL M III								
8820 66TH CT PINELLAS PARK, FL 33782			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.							Code	
the obligat	tions of registered agent.	r the purpose of changing its reg	gistered office or regist	ered agent, or both,	in the State of I	Florida. I am familiar v	ith, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	he by lad Wal and title if applicable. (NOTE: Re	agistered Agent signature requir	ts Pres red when reinstating)	·	1-10-6	7	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign		5.00 May Be				
	ay 1, 2007 Fee will be \$550.			ided to Fees				
10.	PRES OFFICERS AND	DIRECTORS Delete	TITLE	ADDITIONS/C	HANGES TO O	FFICERS AND DIRECT		
NAME STREET ADDRESS	KUTTLER, CARL M III 88820-66TH CT		NAME			Cildi	ge	
CITY-ST-ZIP	PINELLAS PARK, FL 33782		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Cha	ige Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ Detete	CITY-ST-ZIP	<del></del>				
NAME		C_1 Detete	NAME			☐ Cha	ige	
STREET ADDRESS CITY-ST-ZIP	_		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		Detete Detete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Cha	ige Addition	
STREET ADDRESS			NAME Street adoress					
CITY-ST-ZIP			CITY-ST-ZIP		<del></del>			
NAME		Delete Delete	TITLE NAME			☐ Cha	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-S1-Zip					
TITLE		☐ Delete	TITLE			☐ Cha	nge 🔲 Addition	
NAME STREET ADDRESS			NAME					
			STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORD -10-07 Daytime Phone #