2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 25, 2004 8:00 am Secretary of State DOCUMENT # P03000143265 1. Entity Name 03-25-2004 90013 009 ***150.00 COMMERCIAL KITCHEN PRODUCTS INCORPORATED Principal Place of Business Mailing Address **621 TUSCANNY STREET 621 TUSCANNY STREET** BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0519225 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----VANDERSCHUUR, ERIC Street Address (P.O. Box Number is Not Acceptable) **621 TUSCANNY STREET** BRANDON, FL 33511 City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Addition Change TITLE NAME VANDERSCHUUR, ERIC **621 TUSCANNY STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition VANDERSCHUUR, CHRISTINE NAME NAME STREET ADDRESS **621 TUSCANNY STREET** STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITI F TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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