

2005 FOR PROFIT CORPORATION ANNUAL REPORT

19 182

DOCUMENT # P04000011872

1. Entity Name
KISHICK ENTERPRISES, INC.



FILED

05 AUG 11 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6608 SW 192 AVE
PEMBROKE PINES, FL 33332**

Mailing Address
**6608 SW 192 AVE
PEMBROKE PINES, FL 33332**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

08032005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0609977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KISHICK, JOE
6608 SW 192 AVE
PEMBROKE PINES, FL 33332

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 \$550.00 Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KISHICK, JOE 6608 SW 192 AVE PEMBROKE PINES, FL 33332	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	see KISHICK, NANY 6608 SW 192 AVE PEMBROKE PINES, FL 33332	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT ONLY TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100058694811 08/17/05--01041--009 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joseph P. Kishick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 8 2005 154 431 6083
Date Daytime Phone #

13 282

AUGUST 8, 2005

FLORIDA DEPT OF STATE
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FLORIDA 32301

RE: 20-0609977

TO WHOM IT MAY CONCERN:

THIS IS THE SECOND REQUEST WE DO AND THIS CHECK KEEPS COMING BACK TO US WE DO NOT UNDERSTAND AS TO WHY. I HAVE SPOKEN TO 2 DIFFERENT LADIES IN YOUR DEPARTMENT WHICH TOLD ME THE SAME THING. WE ORIGINALLY **DID NOT RECEIVE** THE FORM FOR RE-NEWEL. THIS IS OUR FIRST TIME RE-NEWING THIS FORM. PLEASE BE SO KIND AS TO WAIVE THE LATE FEES SINCE WE DID NOT RECEIVE THE FORM. I ALSO, TRY TO GO ON LINE AND FILL OUT THE FORM AND CHECKED THE BOX THAT SAID DID NOT RECEIVE FORM, AND YOU STILL SEND US BACK THE CHECK, COULD YOU PLEASE WAIVE THE LATE FEES AND ALLOW US TO BE ABLE TO RE-INSTATE THIS FORM. IF YOU NEED TO REACH US OR HAVE ANY QUESTIONS THAT WE MAY RESOLVE OVER FAX OR OVER THE PHONE, INSTEAD OF SENDING THE CHECK BACK TO US, JUST CALL ME AT 954-431-6083. LIKE I SAID IT IS OUR FIRST TIME RENEWING IT AND WE ARE SORRY FOR ANY INCONVENIENCE THAT WE MIGHT HAVE CAUSED.

THANK YOU KINDLY.

SINCERELY,

NANY KISHICK

