

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 022 ***158.75

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1. Entity Name

KITCHEN FRONTS OF FLORIDA, INC.



Principal Place of Business

7882 W MISS MAGGIE DR
HOMOSASSA FL 34448

Mailing Address

7882 W MISS MAGGIE DR
HOMOSASSA FL 34448

2. Principal Place of Business

838 W HOMEWAY LP.
Suite, Apt. #, etc.

3. Mailing Address

838 W. HOMEWAY LP.
Suite, Apt. #, etc.

City & State

CITRUS SPRINGS, FL

City & State

CITRUS SPRINGS, FL

Zip
34434

Country
USA

Zip
34434

Country
USA

4. FEI Number

41-2133179

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANANEN, KIMMO
7882 W MISS MAGGIE DR
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent

Name MARK R. LYTTON

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

838 W. HOMEWAY LP.

City CITRUS SPRINGS

FL

Zip Code
34434

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

Mark Lytton

2/27/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 KANANEN, KIMMO
STREET ADDRESS 7882 W MISS MAGGIE DR
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE D ☐ Delete
NAME LYTTON, MARK RUSSELL
STREET ADDRESS 1101 N DUNKENFIELD AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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 VICE PRESIDENT ☐ Change ☒ Addition
NAME RICHARD SWAIN
STREET ADDRESS 1101 N DUNKEN FIELD AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE SECRETARY ☐ Change ☒ Addition
NAME ADRIELL LYTTON
STREET ADDRESS 838 W HOMEWAY LP
CITY-ST-ZIP CITRUS SPRINGS, FL 34434

TITLE PRESIDENT ☒ Change ☐ Addition
NAME MARK LYTTON
STREET ADDRESS 838 W HOMEWAY LP
CITY-ST-ZIP CITRUS SPRINGS FL 34434

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 exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Lytton

2/27/06 352 613 6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #