

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051335

FILED
Jan 04, 2007
Secretary of State

Entity Name: KITCHEN FRONTS OF FLORIDA, INC.

Current Principal Place of Business:

838 W. HOMEWAY LOOP
CITRUS SPRINGS, FL 34434

New Principal Place of Business:

Current Mailing Address:

838 W. HOMEWAY LOOP
CITRUS SPRINGS, FL 34434

New Mailing Address:

FEI Number: 41-2133179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYTTON, MARK R
838 W. HOMEWAY LOOP
CITRUS SPRINGS, FL 34434 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SWAIN, RICHARD
Address: 1101 N. DUNKEN FIELD AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DP () Delete
Name: LYTTON, MARK RUSSELL
Address: 1101 N DUNKENFIELD AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S () Delete
Name: LYTTON, ADRIELL
Address: 838 W. HOMEWAY LOOP
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: P (X) Delete
Name: LYTTON, MARK
Address: 838 W. HOMEWAY LOOP
City-St-Zip: CITRUS SPRINGS, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARK, LYTTON R
Address: 838 W HOMEWAY LP
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: VP (X) Change () Addition
Name: RICHARD, SWAIN
Address: 4497 N CUSTER TER
City-St-Zip: HERNANDO, FL 34442 US

Title: S (X) Change () Addition
Name: LYTTON, ADRIELL
Address: 838 W HOMEWAY LOOP
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIELL R LYTTON

S

01/04/2007

Electronic Signature of Signing Officer or Director

Date