

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000075035**

1. Entity Name  
**PERSONAL KITCHEN SOLUTIONS, INC.**



Principal Place of Business  
**2451 WEATHERFORD DRIVE  
DELTONA, FL 32738 US**

Mailing Address  
**2451 WEATHERFORD DRIVE  
DELTONA, FL 32738 US**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1103466**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**TSCHAPPAT, TRACY  
2451 WEATHERFORD DRIVE  
DELTONA, FL 32738**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TSCHAPPAT, TRACY
STREET ADDRESS	2451 WEATHERFORD DRIVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VP
NAME	BUSHOUSE, DOROTHY
STREET ADDRESS	1519 MONTICELLO STREET
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000518185  
05/01/06-80078-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Tracy Tschappat 4/11/06 (386)479-7789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #