


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-20-2005 90315 033 ***150.00

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|---------------------------------|------|--|--|----------------|--|--|-----------------|--|--|--|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|
| DOCUMENT # P04000078978 1. Entity Name ANDI'S KITCHEN SPECIALTIES, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 426 SW COMMERCE DR STE 115 LAKE CITY, FL 32025 | | | Mailing Address 426 SW COMMERCE DR STE 115 LAKE CITY, FL 32025 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent GRECIAN, JOSHUA 426 SW COMMERCE DR STE 115 LAKE CITY, FL 32025 | | | | 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"> OP GRECIAN, JOSHUA 426 SW COMMERCE DR STE 115 LAKE CITY, FL 32025 </td> <td style="width:20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | OP GRECIAN, JOSHUA 426 SW COMMERCE DR STE 115 LAKE CITY, FL 32025 | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | OP GRECIAN, JOSHUA 426 SW COMMERCE DR STE 115 LAKE CITY, FL 32025 | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.

SIGNATURE: Joshua Grecian Date: 4-18-05
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #