

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90287 026 ***150.00

DOCUMENT # P04000080528 1. Entity Name KITCHEN CREATIONS BY WILLIAM HERMAN, JR., INC.					
Principal Place of Business 3229 PRIMROSE DR HOLIDAY, FL 34691			Mailing Address 3229 PRIMROSE DR HOLIDAY, FL 34691		
<i>* New Address *</i>					
2. Principal Place of Business Suite, Apt. #, etc. 7505 Simmons St Brooksville		3. Mailing Address Suite, Apt. #, etc. 7505 Simmons St Brooksville			
City & State FL		City & State Brooksville FL		4. FEI Number 760755511	
Zip 34613		Zip 34613		Country Hernando	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOVE, RANDALL J 10816 US 19 N STE 110 PT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name: William Henry Herman JR Street Address (P.O. Box Number is Not Acceptable): 7505 Simmons St City: Brooksville FL Zip: 34613		
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: <u>William Henry Herman JR</u> DATE: <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HERMAN, WILLIAM JR 3229 PRIMROSE DR HOLIDAY, FL 34691	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERMAN, TRACY M 3229 PRIMROSE DR HOLIDAY, FL 34691	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>William Henry Herman JR</u> DATE: <u>4/29/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					