



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90167 004 ***150.00

| | | | | | |
|--|--|--|---|--|--|
| DOCUMENT # P04000080528 1. Entity Name KITCHEN CREATIONS BY WILLIAM HERMAN, JR., INC. | | | |  | |
| Principal Place of Business 7505 SIMMONS CT BROOKSVILLE, FL 34613 | | | Mailing Address 7505 SIMMONS CT BROOKSVILLE, FL 34613 | | |
| 2. Principal Place of Business 11066 Avis St Suite, Apt. #, etc. | | 3. Mailing Address 11066 Avis St Suite, Apt. #, etc. | | 40069123  | |
| City & State Spring Hill, FL Zip 34608 | | City & State Spring Hill, FL Zip 34608 | | 4. FEI Number 76-0755511 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04022006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent HERMAN, WILLIAM H JR 7505 SIMMONS ST BROOKSVILLE, FL 34613 | | | | 7. Name and Address of New Registered Agent Name William Herman Jr. Street Address (P.O. Box Number is Not Acceptable) 11066 Avis St City Spring Hill FL Zip Code 34608 | |
| 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 Herman Jr.</u> President <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | 11066 Avis St Spring Hill, FL 34608 |
| 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 | 11066 Avis St Spring Hill, FL 34608 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 | <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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>William Herman Jr.</u> <u>4/19/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |