

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90513 043 ***158.75

DOCUMENT # P04000115829 1. Entity Name KND CENTRE DELIGHTS, INC.					
Principal Place of Business 3820 WEST DE LEON STREET TAMPA, FL 33609			Mailing Address 3820 WEST DE LEON STREET TAMPA, FL 33609		
2. Principal Place of Business 509 E. Ellicott St. Suite, Apt. #, etc.		3. Mailing Address 509 E. Ellicott St. Suite, Apt. #, etc.			
City & State Tampa, FL Zip 33603 Country USA		City & State Tampa, FL Zip 33603 Country USA		4. FEI Number 201481020 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired X \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KLINE, KIMBERLY E 3820 WEST DE LEON STREET TAMPA, FL 33609	
7. Name and Address of New Registered Agent Name Kimberly Kline Street Address (P.O. Box Number is Not Acceptable) 509 E. Ellicott St. City Tampa State FL Zip Code 33603				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 Kimberly Kline DATE 04/13/05 <small>(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	P KLINE, KIMBERLY E 3820 WEST DE LEON STREET TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	509 E. Ellicott St. Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SASSMAN, DEREK P 3820 WEST DE LEON STREET TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	509 E. Ellicott St. Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Kimberly Kline <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 04/13/05 DAYTIME PHONE 813-495-7123		

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