


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000115829 1. Entity Name KND CENTRE DELIGHTS, INC.	
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Principal Place of Business 509 E ELLICOTT ST TAMPA, FL 33603	Mailing Address 509 E ELLICOTT ST TAMPA, FL 33603
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02032006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1481020

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 KLINE, KIMBERLY E 509 E ELLICOTT ST TAMPA, FL 33603

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	P KLINE, KIMBERLY E 509 E ELLICOTT ST TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SASSMAN, DEREK P 509 E ELLICOTT ST TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KLINE, KIMBERLY E 509 E ELLICOTT ST TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SASSMAN, DEREK P 509 E ELLICOTT ST TAMPA, FL 33603
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05/18/06-80056-005 150.00

**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:  Kimberly Kline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06 813.493.7123
Date Daytime Phone #