2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 8:00 am Secretary of State

DOCUMENT # P04000140859 1. Entity Name KIT 'N KABOODLE HOME SERVICES INC.							04-14-200	5 9008	4 002 **	**150.00
Principal Place of Business Mailing Address										
15400 SW OAK STREET 15400 SW OAK STRE Indiantown, FL 34956 US Indiantown, FL 349							6601637	6		
						(J TOHF O)	11		I AT IN EE AN IN	IR og i al stoi
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State			4. FEI Numb		10		optied For ot Applicable
Zip Country		Zip Country		шy		of Status Desired		\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent						7. Name an	d Address of New Re			<u> </u>
DENIS, RODNEY E					Name					
15400 SW OAK STREET INDIANTOWN, FL 34956					Street Address (F	P.O. Box Numb	er is Not Acceptable)		
	 				City			FL	Zip Cod	1
 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 & Bodney E. Denu 4/11/05										
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent arginature required when renstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11
TITLE NAME									Change	Addition
STREET ADDRESS 15400 SW OAK STREET					ET ADDRESS					
CITY-ST-ZIP	INDIANTOWN, FL 34956				ST-ZIP	_		·	☐ Change	
NAME	DENIS, SHERRI L									Addition
STREET ADDRESS : CITY-ST-ZIP					ET ADORESS -ST-ZIP					
nne	☐ Delete 1						····		Change	Addition
NAME "STREET ADDRESS"		- <u>-</u>	· · · · · · · · · · · · · · · · · · ·	NAME	ET ADDHESS	. ~		•		
CITY-S1-ZP					-ST-ZIP					
TATLE			☐ Deleta	TITLE	I				Change	Addition
STREET ADDRESS CITY-ST-ZIP					et adoress ST-21P					
TITLE			☐ Delete	TITLE			·-···		Change	Addition
NAME STREET ADDRESS				KAME	T ADDRESS					
CITY-ST-ZIP				9	51 · ZIP		,			
TIPLE NAME		चरणमा श्री _क ाम्	☐ Delete	HAVE	·				☐ Change	Addition
STREET ADDRESS CITY-ST-ZP	· · · ·	ووور بالموجور والمادان	The state of the s	STREE	T ADDRESS					
12. I hereby o	ertify that the	information supplied with I	his filing does not qualify for	 the exen	notion stated in Sec	tion 119.07(3)(i), Florida Statutes, t I	urther certi	tv that the in	formation
12. Hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119 07(3)(i). Forida Statutes, i further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under out; 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: Nothing E. Dens V4/11/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Data Data Data Data Data Data Dat										
		SIUNATURE AND TYPED OR PR	m I ED NAME OF SIGNING OFFICER (H DIRECTO	OR .		Date	/ Da	ytime Phone #	I