



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90024 005 ***150.00

DOCUMENT # P04000145198					
1. Entity Name TOTAL KITCHEN CONCEPTS, INC.					
Principal Place of Business 855 11TH STREET VERO BEACH, FL 32960			Mailing Address 855 11TH STREET VERO BEACH, FL 32960		
2. Principal Place of Business 1206 8th Street		3. Mailing Address 1206 8th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07112006 Chg-P CR2E034 (11/05)	
City & State Vero Beach		City & State Vero Beach		4. FEI Number 20-1773364	
Zip 32962-1401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, GERALD A 855 11TH STREET VERO BEACH, FL 32960			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable) 1206 8th Street			Street Address (P.O. Box Number is Not Acceptable)		
City Vero Beach FL Zip Code 32962			City Vero Beach FL Zip Code 32962		
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>Linda J. Watson</u>				DATE <u>7-10-06</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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME WATSON, GERALD A	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 855 11TH STREET	CITY-ST-ZIP VERO BEACH, FL 32962		STREET ADDRESS	CITY-ST-ZIP	
TITLE VPD	NAME WATSON, LINDA J	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 855 11TH STREET	CITY-ST-ZIP VERO BEACH, FL 32962		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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>Linda J. Watson</u>				Date <u>7-10-06</u> Daytime Phone # <u>772-413-1512</u>	
<small>SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					