

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000026879

Entity Name: KEVIN'S KITCHEN, INC.

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6705 LASSEN AVE.  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

6705 LASSEN AVE.  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 33-1117416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAF, KEVIN  
6705 LASSEN AVE.  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: GRAF, KEVIN  
Address: 6705 LASSEN AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVPS  
Name: BOBULINSKI, STEPHANIE  
Address: 6705 LASSEN AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN GRAF

DPT

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date