2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000091049

1. Entity Name
KITCHENS & CUSTOM TOPS INC

Principal Place of Business	Mailing Address
1896 NW 10TH ST A OCALA, FL 34474 US	2300 SW 5TH ST OCALA, FL 34474 US

DO NOT WRITE IN THIS SPACE

05022008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2963877		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JOSEPH JR
1986 NW 10TH ST
A
OCALA, FL 34474

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 12, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000949304 06/02/08-00051-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON, JOSEPH JR
STREET ADDRESS	2300 SW 5TH ST
CITY-ST-ZIP	OCALA, FL 34474

TITLE	S/T
NAME	JACKSON, JOSEPH JR
STREET ADDRESS	2300 SW 5TH ST
CITY-ST-ZIP	OCALA, FL 34474

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Joseph Jackson Jr.*   Joseph Jackson Jr. 05/01/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #