

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90031 031 ***150.00

DOCUMENT# P05000105098

1. Entity Name

THOSE KITCHEN GUYS, INC.



Principal Place of Business

1666 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952

Mailing Address

1666 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

20-3219879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

DEVOS, KEVIN J
1666 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Kevin J Devos - President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/16/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEVOS, KEVIN J	
STREET ADDRESS	203 OLIVE AVENUE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEVOS, KARL J	
STREET ADDRESS	142 SW PISCES TERRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLIVER, DOUGLAS W	
STREET ADDRESS	134 SE WHITMORE DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLIVER, DOUGLAS W	
STREET ADDRESS	134 SE WHITMORE DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

Daytime Phone #