## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 10, 2007 8:00 am Secretary of State DOCUMENT # P05000123309 1. Entity Name 04-10-2007 90018 010 \*\*\*158.75 KIT KARAT, INC. Principal Place of Business Mailing Address 2658 WESTCHESTER DRIVE NORTH 2658 WESTCHESTER DRIVE NORTH CLEARWATER FL 33761 CLEARWATER FL 33761 2. Principal Place of Business, No P.O. Box 2658 WESTCHESTEK 3. Mailing Address 2658 Wes Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 86-1154635 LORIDA Not Applicable \$8.75 Additional Country 5. Certificate of Status Dosired 6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, KITTY L Street Address (P.O. Box Number is Not Acceptable) 2658 WESTCHESTER DRIVE NORTH CLEARWATER FL 33761 City 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 Signature, typed or printed liame of registered agent and life - applicable (NOTE: Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HITE ☐ Delete TITLE Change Addition WHITE, KITTY L NAMI NAME 2658 WESTCHESTER DRIVE NORTH STREET ADORESS STREET ADDRESS CLEARWATER FL 33761 CHY ST-ZIP CHY SI 7/P VΡ HILE ☐ Delete HILE Change Addition WHITE, WAYNE A NAMI NAME 2658 WESTCHESTER DRIVE NORTH STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 CHY SI-ZIP CITY ST 7/P SEC Change ☐ Delete 1911 THRE Addition WHITE, KITTY L NAME NAME 2658 WESTCHESTER DRIVE NORTH STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 CHY ST-ZIP CITY STATE Delete HILL Change Addition NAMI NAME STREET ADORESS STREET ADDRESS CITY ST-7IP CHY-ST-7IP ☐ Delete Change Addition TIME TILLE NAME NAMI STREET ADDRESS STRLET ADDRESS CITY SI-ZIP CHY ST ZIP Change Addition 100 Delete THE NAME NAME STREET ADDRESS STRUEFADDRESS CITY-ST-ZIP CHY SI ZIP 12. I heroby 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.

**FILED**