
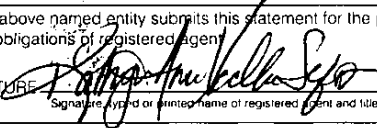
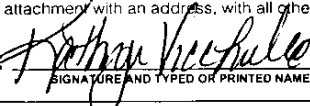


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90014 033 ***550.00

DOCUMENT # P06000079977			
1. Entity Name K&D'S FAMILY RESTAURANT INC.			
Principal Place of Business 840 NORTH MAIN STREET BUSHNELL, FL 33513		Mailing Address 840 NORTH MAIN STREET BUSHNELL, FL 33513	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VICCHIULLO, KATHLEEN T 473 COUNTY ROAD 314 BUSHNELL, FL 33513		7. Name and Address of New Registered Agent Name: <u>Kathryn Ann Vicchiullo - Seufert</u> Street Address (P.O. Box Number is Not Acceptable): <u>557 CR 314</u> <u>Bushnell, FL 33513</u> City: <u>Bushnell, FL</u> Zip Code: <u>FL</u>	
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: 		DATE: <u>8/8/2007</u>	
<p>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICCHIULLO, KATHLEEN T	NAME	
STREET ADDRESS	473 COUNTY ROAD 314	STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL, FL 33513	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICCHIULLO-SEUFERT, KATHRYN A	NAME	
STREET ADDRESS	557 COUNTY ROAD 314	STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL, FL 33513	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE: <u>8/8/07</u> Daytime Phone #: <u>32-568-0910</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	