


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90021 004 \*\*\*150.00

**DOCUMENT # P06000093444**

1. Entity Name  
**UNITED KITCHEN DESIGN, INC.**




Principal Place of Business      Mailing Address  
**860 E WISCONSIN AVE**      **860 E WISCONSIN AVE**  
**ORANGE CITY, FL 32763 US**      **ORANGE CITY, FL 32763 US**

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

90004310



02262008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-5201459**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THEISEN, RUSS**  
**860 E WISCONSIN AVE**  
**ORANGE CITY, FL 32763**

**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 *Russ J.*      DATE 2-26-08

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	THEISEN, RUSS	
STREET ADDRESS	860 E WISCONSIN AVE	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THEISEN, STEPHEN	
STREET ADDRESS	860 E WISCONSIN AVE	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FRUTH, AMANDA	
STREET ADDRESS	860 E WISCONSIN AVE	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Turner	
STREET ADDRESS	9223 Lake Lotta Cr.	
CITY-ST-ZIP	Gotha FL 34734	
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
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 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: *Russ J.*      DATE 2-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #