2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90019 016 ***150.00

DOCUMENT # P07000069049

1. Entity Name
THE KITCHEN KINGS OF SOUTHWEST FL, INC.

40014661

01282008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2115 SW 49TH TERR CAPE CORAL, FL 33914 US	2115 SW 49TH TERR CAPE CORAL, FL 33914 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
735 NE 19th Place	735 NE 19th PL
Suite, Apt. #, etc.: Suite # 13	Suite, Apt. #, etc.: Suite #13
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33909 Country: USA	Zip: 33909 Country: USA

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

GIBBS, MICHAEL J SR
3406 SW 11TH COURT
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name: Dirk, Smitt M.
Street Address (P.O. Box Number is Not Acceptable): 15671 Idalia Dr.
City: Alva, FL FL Zip Code: 33920

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: Dirk Smith [signature] 1/28/08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DIRK M 2115 SW 49TH TERR CAPE CORAL, FL 33914	☒ Delete	President Dirk M. Smitt. 15671 Idalia Drive Alva, FL 33920	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	Vice President Shannon Walker 1319 SW 36th Ter Cape Coral, FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 1/28/08 239-245-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #