


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000010368	
1. Entity Name KITCHEN WORLD, INC.	

Principal Place of Business 4556 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207	Mailing Address 4556 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3222296	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STONEBURNER BERRY & SIMMONS, P.A. ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE, FL 32202

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000105542 04/07/04-80030-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLOVER, ROBERT T 244 PABLO RD. PONTE VEDRA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAVERTY, RAWSON H 3740 PACES VALLEY RD NW ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GLOVER, PEGGY H 244 PABLO RD. PONTE VEDRA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GLOVER, ROBERT T 244 PABLO RD. PONTE VEDRA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ROBERT T. GLOVER** **904-731-8325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #