

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 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



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3222296

Applied For
Not Applicable

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

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

STONEBURNER BERRY & SIMMONS, P.A.  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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
NAME	GLOVER, ROBERT T
STREET ADDRESS	244 PABLO RD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	VP
NAME	GLOVER, PEGGY H
STREET ADDRESS	244 PABLO RD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	S
NAME	GLOVER, PEGGY H
STREET ADDRESS	244 PABLO RD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	T
NAME	GLOVER, ROBERT T
STREET ADDRESS	244 PABLO RD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80061-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**1-5-07**

Date

**904-731-8325**

Daytime Phone #