

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051255

Entity Name: KITCHEN CRAFTERS, INC.

FILED  
Jul 12, 2004  
Secretary of State

**Current Principal Place of Business:**

540 N. STATE ROAD 434; SUITE 16  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

970 SUNSHINE LANE  
SUITE F  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

302 BLACK GUM TRAIL  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 59-3326115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNOWLES, JAMES V JR  
302 BLACK GUM TRAIL  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KNOWLES, JAMES V JR  
Address: 302 BLACK GUM TRAIL  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES V. KNOWLES, JR.

PRES

07/12/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date