

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90006 019 ***150.00

DOCUMENT # P95000073225

1. Entity Name
MASTER'S KITCHEN GALLERY OF PALM BEACH, INC.



Principal Place of Business
**2636 OLD OKEECHOBEE ROAD
W. PALM BEACH, FL 33409**

Mailing Address
**2636 OLD OKEECHOBEE RD
WEST PALM BCH, FL 33409 US**

50000563



01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
824 LAKE AVE
Suite, Apt. #, etc.

3. Mailing Address
824 LAKE AVE
Suite, Apt. #, etc.

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

4. FEI Number
65-0609973

Applied For
☐ Not Applicable

Zip Country
33460 PALM BCH

Zip Country
33460 PALM BCH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIMBALL, RONALD R
2636 OLD OKEECHOBEE RD
W PALM BCH, FL 33409**

Name
RONALD KIMBALL

Street Address (P.O. Box Number is Not Acceptable)

824 LAKE AVE

City
LAKE WORTH FL Zip Code
33460

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 *Ronald Kimball* **RONALD KIMBALL** 1/4/05
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, 2005 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
P ☐ Delete
NAME
KIMBALL, RONALD R
STREET ADDRESS
2636 OLD OKEECHOBEE ROAD
CITY-ST-ZIP
W. PALM BEACH, FL 33409

TITLE
P ☒ Change ☐ Addition
NAME
RONALD KIMBALL
STREET ADDRESS
824 LAKE AVE
CITY-ST-ZIP
LAKE WORTH FL 33460

TITLE
VP ☐ Delete
NAME
LUCAS, MICHAEL
STREET ADDRESS
2636 OLD OKEECHOBEE RD
CITY-ST-ZIP
W PALM BCH, FL 33409

TITLE
V ☒ Change ☐ Addition
NAME
MICHAEL LUCAS
STREET ADDRESS
824 LAKE AVE
CITY-ST-ZIP
LAKE WORTH FL 33460

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Ronald Kimball* **RONALD KIMBALL** 1/4/05 561-540-1546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #