

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000073225

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



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

01-07-2005 90006 019 \*\*\*150.00

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

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**

Zip  
**33460**

Zip  
**33460**

Country  
**PALM BCH**

Country  
**PALM BCH**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
KIMBALL, RONALD R  
2636 OLD OKEECHOBEE ROAD  
W. PALM BEACH, FL 33409

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
RONALD KIMBALL  
824 LAKE AVE.  
LAKE WORTH FL 33460

Change  Addition  
ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
LUCAS, MICHAEL  
2636 OLD OKEECHOBEE RD  
W PALM BCH, FL 33409

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
MICHAEL LUCAS  
824 LAKE AVE  
LAKE WORTH FL 33460

Change  Addition  
ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 #

**50000563**



01032005 Chg-P CR2E034 (10/03)