2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

BRIGH Place of Business Sage CHAMPIONS GATE RUD 12025 WILKER POIND ED WINTER GARDEN, FL 34787 Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. City & State City	1. Entity Name KUCHENBUCH, INC.									03-21-2005 9	0077 005	***150.0	00	
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## Common Street Address of Current Registered Agent ## CHUCHENBUCH, FRANCIS 12025 WALKER POND RD WINTER GARDEN, FL 34787 City FL Zip Code	Zip		Zip	Zip Coun				 			8.75 Ad	ditional		
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered adject or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Intel Note State Address (P.O. Box Number is Note Acceptable) Intel Number State Address (P.O. Box Number is Note Acceptable) Intel Number State Address (P.O. Box Number is Number is Not Acceptable) Intel Number St	6 Name and Address of Current E			l Registere	Registered Agent				7. Name and	Address of New		,		
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	<u> </u>	certify,that th	e information supplied w	th this filing	does not qualify fo			ed in Se	ection 119.07(3)	(i), Florida Statutos	s. I further cer	ify that the	Information	