

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90070 008 \*\*\*150.00

<b>DOCUMENT # P96000061597</b>	
1. Entity Name FLORIDA KITCHEN DESIGNS, INC.	

Principal Place of Business <del>677 N WASHINGTON BLVD</del> SARASOTA, FL 34236 US	Mailing Address <del>677 N WASHINGTON BLVD</del> SARASOTA, FL 34236 US
4411 Bee Ridge Rd., PMB 299, Sarasota, FL 34233	

**DO NOT WRITE IN THIS SPACE**



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0685781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEEDS, CLIFTON H  
2046 CHERYLE LANE  
SARASOTA, FL 34237

4411 Bee Ridge Rd  
PMB 299  
Sarasota, FL 34233

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEEDS, CLIFTON H 1534 PALMWOOD DRIVE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SEEDS, BEVERLY A 1534 PALMWOOD DRIVE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Clifton H. Seeds CLIFTON H. SEEDS 1/14/06 941-485-6141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #