2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000078025

1. Entity Name
KAPPY'S KANTEEN, INC.

Principal Place of Business	Mailing Address
US DEPT. OF TRANSPORTATION 200 TERMINAL RD OAKLAND PARK, FL 33334	2304 CORAL SPRING DR CORAL SPRINGS, FL 33065-3616

DO NOT WRITE IN THIS SPACE

02012008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0698708	Not Applicable

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

6. Name and Address of Current Registered Agent

KAPLAN, ALAN M
2304 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065

DO NOT WRITE
IN THIS SPACE

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_____

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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

U000000310022
05/06/08-80093-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAPLAN, ALAN
STREET ADDRESS	2304 CORAL SPGS. DR.
CITY-ST-ZIP	CORAL SPGS., FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _____   4·18·08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #