

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000016442

1. Entity Name

OH! K.I.S.S. ME INC.



Principal Place of Business

7820 LEXINGTON CLB BLVD
STE #C
DELRAY BEACH FL 33446

Mailing Address

7820 LEXINGTON CLB BLVD
STE #C
DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0849757

Applied For

Not Applicable

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

SITTSE, KIM
7820 LEXINGTON CLB BLVD
STE #C
DELRAY BEACH FL 33446

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 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 NAME ☐ Delete
P SITTSE, KIM
STREET ADDRESS 7820 LEXINGTON CLB BLVD STE C
CITY- ST- ZIP DELRAY BEACH FL 33446

TITLE NAME ☐ Change ☐ Addition
NAME UUUUUU233095
STREET ADDRESS 02/17/05-80028-008 150.00
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
NAME
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)(f), 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:

Kim Sittser Kim Sittser

2-15-05

561-998-3990
561-865-2448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #