

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-21-2005 90068 042 \*\*\*150.00

**DOCUMENT # P98000026540**

1. Entity Name  
KITTS CUSTOM SLIPCOVERS, INC.



Principal Place of Business

8994 SEMINOLE BLVD  
SEMINOLE, FL 33772

Mailing Address

8994 SEMINOLE BLVD  
SEMINOLE, FL 33772



02172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3501213

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DECESARE, SUSAN K  
8994 SEMINOLE BLVD  
STE 4  
LARGO, FL 33772

**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, 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	P
NAME	DECESARE, SUSAN K
STREET ADDRESS	8994 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	VP
NAME	DECESARE, THOMAS M
STREET ADDRESS	8994 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE, FL 33772
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 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:**

*Susan K. Decesare* **SUSAN K. DECESARE**

**3-15-05**

Date

**727 397-4606**

Daytime Phone #