

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 019 ***150.00

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1. Entity Name

KITT'S CUSTOM SLIPCOVERS, INC.

Principal Place of Business

8994 SEMINOLE BLVD
SEMINOLE FL 33772

Mailing Address

8994 SEMINOLE BLVD
SEMINOLE FL 33772

2. Principal Place of Business

6394 42ND Ave N

3. Mailing Address

6394 42ND Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kenneth City, FL

City & State

Kenneth City, FL

Zip

33709

Country

USA

Zip

33709

Country

USA

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

7. Name and Address of New Registered Agent

Name Susan K. Decesare

Street Address (P.O. Box Number is Not Acceptable)
6394 42ND Ave N

City Kenneth City FL Zip Code 33709

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE P ☐ Delete
NAME DECESARE, SUSAN K
STREET ADDRESS 8994 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VP ☐ Delete
NAME DECESARE, THOMAS M
STREET ADDRESS 8994 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Susan K. Decesare
STREET ADDRESS 6394 42ND Ave N
CITY-ST-ZIP Kenneth City FL 33709

TITLE VP ☒ Change ☐ Addition
NAME Thomas M. Decesare
STREET ADDRESS 6394 42ND Ave N
CITY-ST-ZIP Kenneth City, FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Susan K. Decesare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06

Date

727 397-4606

Daytime Phone #