

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072404

Entity Name: CHARRY KITCHENS, INC.

FILED  
Jan 19, 2005  
Secretary of State

## Current Principal Place of Business:

100 S. HIGHWAY 27  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 613  
MINNEOLA, FL 34755

## New Mailing Address:

FEI Number: 59-3526051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COSTIGAN, CHARLES H  
P.O. BOX 613  
MINNEOLA, FL 34755 US

## Name and Address of New Registered Agent:

COSTIGAN, CHARLES H  
100 S. HIGHWAY 27  
MINNEOLA, FL 34755 US

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.

SIGNATURE: \_\_\_\_\_

01/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COSTIGAN, CHARLES  
Address: 11645 NELLIE OAKS BEND  
City-St-Zip: CLERMONT, FL 34711

Title: V ( ) Delete  
Name: SCHWAB, HARRY  
Address: 1994 BRANTLEY CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Delete  
Name: SCHWAB, JAHICE  
Address: 1994 BRANTLEY CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Delete  
Name: COSTIGAN, EILEEN  
Address: 11645 NELLIE OAKS BEND  
City-St-Zip: CLERMONT, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition  
Name: COSTIGAN, CHARLES  
Address: 11645 NELLIE OAKS BEND  
City-St-Zip: CLERMONT, FL 34711

Title: D, V (X) Change ( ) Addition  
Name: COSTIGAN, EILEEN  
Address: 11645 NELLIE OAKS BEND  
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES COSTIGAN

D, P

01/19/2005

Electronic Signature of Signing Officer or Director

Date