

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000073140

1. Entity Name

KIM'S FOOD AND GAS, INC.



Principal Place of Business

600 WEST CANAL ST
NEW SMYRNA BEACH FL 32168

Mailing Address

600 WEST CANAL ST
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3533140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

APPENZELLER, KIM LY
47 SWEETWATER CREEK CIRCLE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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 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
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 NAME ☐ Delete

P
APPENZELLER, KIM L
47 SWEETWATER CREEK CIRCLE
OVIEDO FL 32765

TITLE NAME ☐ Delete

VP
APPENZELLER, MICHAEL W
47 SWEETWATER CREEK CIRCLE
OVIEDO FL 32765

TITLE NAME ☐ Delete

ST
CUNG, MEVAUN
813 E GLOCHESTER PL
NORCROSS GA 30071

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

UP00000206172
01/31/05-80072-023 150.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

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)(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: *Michael Appenzeller* Michael Appenzeller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05

Date

407-306-7037

Daytime Phone #