


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-21-2005 90085 027 \*\*\*150.00

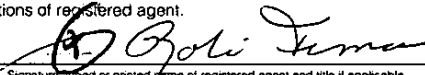
<b>DOCUMENT # P99000093738</b>		
1. Entity Name <b>KITCHEN TRADITIONS, INC.</b>		

Principal Place of Business <b>1611 E ALFRED ST TAVARES, FL 32778</b>	Mailing Address <b>1611 E ALFRED ST TAVARES, FL 32778</b>
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2. Principal Place of Business <b>905 LAKE DORA DR</b>	3. Mailing Address <b>P.O. BOX 1028</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

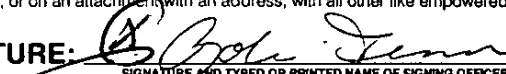
City & State <b>TAVARES FL</b>	City & State <b>TAVARES FL</b>
Zip <b>32778</b>	Zip <b>32778</b>
Country <b>US</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>TEMARES, MARK 1611 E ALFRED ST TAVARES, FL 32778</b>		7. Name and Address of New Registered Agent Name <b>ROBIN TEMARES</b> Street Address (P.O. Box Number is Not Acceptable) <b>905 LAKE DORA DRIVE</b> City <b>TAVARES</b> FL <b>32778</b>	
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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 	DATE <b>1-12-05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMARES, MARK 1611 E ALFRED ST TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Temares/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 905 Lake Dora Drive TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEMARES, MARK 1611 E ALFRED ST TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	DATE <b>1-12-05</b> 352-253-1418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	