


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90415 001 \*\*\*211.25

DOCUMENT # P01000000142  
 1. Entity Name  
 LUPE KINLEY DRIVE-THRU QWIKMART CENTER, INC.



Principal Place of Business Mailing Address  
 % DR. BETTIE F. BAILEY % DR. BETTIE F. BAILEY  
 1965 CHARLESTON HUSE WAY #3108 1965 CHARLESTON HUSE WAY #3108  
 HOLLY HILL, FL 32117 HOLLY HILL, FL 32117

2. Principal Place of Business 3. Mailing Address  
 1717 Mason Avenue 1717 Mason Avenue  
 Suite, Apt. #, etc. #1217 Suite, Apt. #, etc. #1217

City & State City & State  
 Daytona Beach, FL Daytona Beach, FL  
 Zip Country Zip Country  
 32117 Volusia 32117 Volusia



03282005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
 59-3691936 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 BAILEY, BETTIE.F.DR. Name *Dr. Lisa A. Brooks*  
 962 MILLARD COURT Street Address (P.O. Box Number is Not Acceptable)  
 DAYTONA BEACH, FL 32117 1717 Mason Avenue Apt #1217  
 City *Daytona Beach* FL Zip Code *32117*

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 *Dr. Lisa A. Brooks - Secretary + Treasure* DATE *3-30-05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINLEY, LUPE L DR 284 S ORCHARD ST. ORMOND BEACH, FL 32174 <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	P KINLEY, RODNEY B DR 284 S ORCHARD ST. ORMOND BEACH, FL 32174 <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	V BLUE, RETHA R DR 962 MILLARD COURT DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Blue, Retha R. Dr. 1130 Lewis Drive Daytona Beach, Florida 32117</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAILEY, BETTIE F DR 962 MILLARD COURT DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>ST Brooks, Lisa A. Dr. 1717 Mason Avenue #1217 Daytona Beach, Florida 32117</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, MONIQUE M DR 962 MILLARD COURT DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D Kinley, Monique M. Dr. 1257 Dal maso Drive Daytona Beach, Florida 32117</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, EILEEN M DR 962 MILLARD COURT DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D Kinley, Eileen M. Dr. 1530 Decatur Avenue Daytona Beach, Florida 32117</i>

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 employment.

SIGNATURE: *Dr. Lisa A. Brooks* DATE: *3-30-05* 346-274-4462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #