


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000000142

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



Principal Place of Business 1717 MASON AVE # 1217 DAYTONA BEACH, FL 32117	Mailing Address 1717 MASON AVE # 1217 DAYTONA BEACH, FL 32117
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02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3691936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, LISA A DR
 1717 MASON AVE
 APT # 1217
 DAYTONA BEACH, FL 32117**

DO NOT WRITE IN THIS SPACE

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 Sec. Treasurer - Dr. Lisa A. Brooks 2-13-06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINLEY, LUPE L DR 284 S ORCHARD ST. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINLEY, RODNEY B DR 284 S ORCHARD ST. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLUE, RETHA R DR 1130 LEWIS DRIVE DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROOKS, LISA A DR 1717 MASON AVE, APT #1217 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, MONIQUE M DR 1257 DAL MASO DRIVE DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, EILEEN M DR 1530 DECATUR AVE DAYTONA BEACH, FL 32117

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 03/08/06-80030-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Dr. Lisa A. Brooks* **2-13-06** **386-274-4462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #