


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 050 ***150.00

DOCUMENT # P0100000142
 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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04072007 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

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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: Dr. Lisa A. Brooks DATE: 4-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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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 DATE: 4-20-07 DAYTIME PHONE #: 386-274-4462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR