

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90240 039 ***150.00



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

Principal Place of Business Mailing Address
 1717 MASON AVE # 1217 DAYTONA BEACH, FL 32117
 1717 MASON AVE # 1217 DAYTONA BEACH, FL 32117

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 303 Cavanaugh Drive Suite, Apt. #, etc. C
 303 Cavanaugh Drive Suite, Apt. #, etc. C

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



04302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
 BROOKS, LISA A DR
 1717 MASON AVE
 APT # 1217
 DAYTONA BEACH, FL 32117

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

7. Name and Address of New Registered Agent
 Name: DR. LISA A. BROOKS
 Street Address (P.O. Box Number is Not Acceptable): 303 Cavanaugh Drive Apt. C
 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* DATE: April 30, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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	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 1130 LEWIS DRIVE DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V Blue, Retha R. Dr. 921 Rosewood street 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST Brooks, Lisa A. Dr. 303 Cavanaugh Drive Apt. C 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, EILEEN M DR 1530 DECATUR AVE DAYTONA BEACH, FL 32117	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 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: April 30, 2008 386-274-4462
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #