

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000142

FILED
May 03, 2010
Secretary of State

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

Current Principal Place of Business:

303 CARANAH DR
C
DAYTONA BEACH, FL 32117

New Principal Place of Business:

FAIR OAKS CIRCLE
26
ORMOND BEACH, FL 32174

Current Mailing Address:

303 CARANAH DR
C
DAYTONA BEACH, FL 32117

New Mailing Address:

FAIR OAKS CIRCLE
26
ORMOND BEACH, FL 32174

FEI Number: 59-3691936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, LISA A DR
303 CAVANAH DR
APT C
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

BROOKS, LISA A DR
FAIR OAKS CIRCLE
26
ORMOND BEACH, FL 32174 US

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.

SIGNATURE:

05/03/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: KINLEY, LUPE L DR
Address: 483 SO. HALIFAX DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: P
Name: KINLEY, RODNEY B DR
Address: 483 SO. HALIFAX DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: V
Name: KINLEY, EILEEN M DR
Address: 386 MILITARY BLVD.
City-St-Zip: ORMOND BEACH, FL 32117

Title: ST
Name: BROOKS, LISA A DR
Address: 26 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SUPT
Name: KINLEY, GINGER M DR
Address: 1708 CENTER AVE.
City-St-Zip: HOLLY HILL, FL 32117

Title: BKPR
Name: BAILEY, RICHARD L DR.
Address: 1257 DAL MASO DRIVE
City-St-Zip: HOLLY HILL, FL 32117

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. LISA A. BROOKS

ST

05/03/2010

Electronic Signature of Signing Officer or Director

Date