


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 024 ***150.00

DOCUMENT # F86691 1. Entity Name KKLC, INC.					
Principal Place of Business 31622 US 19 N PALM HARBOR, FL 34684 US				Mailing Address 31622 US 19 N PALM HARBOR, FL 34684 US	
2. Principal Place of Business 2552 HIGHLAND AVE N. Suite, Apt. #, etc.		3. Mailing Address 2552 HIGHLAND AVE N. Suite, Apt. #, etc.			
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL		4. FEI Number 59-2246641	
Zip 34688		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAHON, LAWRENCE P. 31622 US 19 N PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name LEAHON LAWRENCE P. Street Address (P.O. Box Number is Not Acceptable) 2552 HIGHLAND AVE. N. City TARPON SPRINGS FL Zip Code 34688	
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 <u><i>Lawrence P. Leahon</i></u> / LAWRENCE P. LEAHON DATE <u>1/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LEAHON, LAWRENCE P 31622 US 19 N PALM HARBOR, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LEAHON, KAY 31622 US 19 N PALM HARBOR, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: <u><i>Lawrence P. Leahon</i></u> / LAWRENCE P. LEAHON DATE <u>727 9376286</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					