

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000006352

1. Entity Name
K & P FUEL, INC.



Principal Place of Business
**109 NORTH PARK BLVD.
SUITE 500
COVINGTON, LA 70433 US**

Mailing Address
**109 NORTH PARK BLVD.
SUITE 500
COVINGTON, LA 70433 US**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1018652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	T
NAME	PISCIOTTA, STEVE
STREET ADDRESS	109 N PARK BLVD, STE 500
CITY-ST-ZIP	COVINGTON, LA 70433
TITLE	S
NAME	DEY, ERIC
STREET ADDRESS	109 NORTH PARK BLVD STE 500
CITY-ST-ZIP	COVINGTON, LA 70433
TITLE	P
NAME	CLARKE, RON
STREET ADDRESS	109 NORTH PARK BLVD STE 500
CITY-ST-ZIP	COVINGTON, LA 70433
TITLE	AS
NAME	REEDY, ANN WOOD
STREET ADDRESS	109 NORTH PARK BLVD STE 500
CITY-ST-ZIP	COVINGTON, LA 70433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80040-006 150.00

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IN THIS SPACE**

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 this address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06