

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90033 023 \*\*\*150.00

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02172006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # H34976</b> 1. Entity Name <b>KILPATRICK ENTERPRISES, INC.</b>			
Principal Place of Business <b>40 HARRIOTT A KILPATRICK</b> <b>5457 HICKSON RD</b> <b>JACKSONVILLE, FL 32207 US</b>		Mailing Address <b>40 KILPATRICK, HARRIETT, A</b> <b>5457 HICKSON RD</b> <b>JACKSONVILLE, FL 32207 US</b>	
2. Principal Place of Business <b>Harriett A. Kilpatrick</b> Suite, Apt. #, etc. <b>5457 Hickson Rd</b> City & State <b>Jacksonville, FL</b> Zip Country <b>32207 US</b>		3. Mailing Address <b>Harriett A. Kilpatrick</b> Suite, Apt. #, etc. <b>5457 Hickson Rd</b> City & State <b>Jacksonville, FL</b> Zip Country <b>32207 US</b>	
4. FEI Number <b>59-2472323</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FRAZIER, W ROBINSON</b> <b>1515 RIVERSIDE AVE</b> <b>SUITE A</b> <b>JACKSONVILLE, FL 32204</b>		7. Name and Address of New Registered Agent Name <b>Harriett A. Kilpatrick</b> Street Address (P.O. Box Number is Not Acceptable) <b>5457 Hickson Road</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>	
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><b>Harriett A. Kilpatrick President</b></u> <u><b>2-17-06</b></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP KILPATRICK, HARRIETT A. 5457 HICKSON RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRECHLER, DONNA K. 4207 EAST CAMILLIA CIR. JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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
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
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
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><b>Harriett A. Kilpatrick</b></u> <u><b>Harriett A. Kilpatrick</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><b>2-17-06</b></u> <u><b>(904) 737-3425</b></u> <small>Date Daytime Phone #</small>	