

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # K05293

1. Entity Name
GET N' GO, INC.



Principal Place of Business
1527 LAGOON ROAD
LAKE LAND, FL 33803

Mailing Address
1527 LAGOON ROAD
LAKE LAND, FL 33803



02242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2868048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KILPATRICK, WILLIAM H.
1527 LAGOON ROAD
LAKE LAND, FL 33803

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KILPATRICK, WILLIAM H.
1527 LAGOON ROAD
LAKE LAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
KILPATRICK, W. H., JR.
749 PENINSULAR DR.
LAKE LAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/07 (863) 646-4142
Date Daytime Phone #