


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90027 011 \*\*\*\*50.00

**DOCUMENT # L03000008893**

1. Entity Name  
**KICKLIGHTER PAUL, LLC**



Principal Place of Business  
 1325 VALLEY HILL DRIVE  
 LAKELAND, FL 33813

Mailing Address  
 1325 VALLEY HILL DRIVE  
 LAKELAND, FL 33813

2. Principal Place of Business  
 2330 Gr. Fern Rd

3. Mailing Address  
 829 D N. Lanier Ave

Suite, Apt. #, etc.



City & State  
 Lakeland FL

City & State  
 Ft. Meade

Zip  
 33810

Country  
 USA

Zip  
 33841

Country  
 USA

03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 41-2083881

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, DONALD H JR.  
 245 SOUTH CENTRAL AVENUE  
 BARTOW FL 33830

7. Name and Address of New Registered Agent

Name  
 Vivian Paul

Street Address (P.O. Box Number is Not Acceptable)  
 1325 Valley Hill Drive

City  
 Lakeland

State  
 FL

Zip Code  
 33813

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: *Vivian Paul* DATE: 4-8-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$50.00  
 Due by May 1, 2004

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KICKLIGHTER, ANDREA D 120 COUNTRY CLUB LANE MULBERRY, FL 33860 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAUL, VIVIAN S 1325 VALLEY HILL DRIVE LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Vivian Paul* DATE: 4-8-04 DAYTIME PHONE #: 863 815-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE