

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



03292004 Chg-LLC CR2E083 (10/03)

City & State
Lakeland FL
 Zip *33810* Country *USO*

City & State
Ft. Meade
 Zip *33841* Country *USA*

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* 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*

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 Date Daytime Phone #