

**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* 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*

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