2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000001647

1. Entity Name
KILPATRICK'S "VICTORY" AUTO SALES, INC.

FILED
06 MAR -8 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03082006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
3212 SPRINGHILL ROAD TALLAHASSEE, FL 32305	3212 SPRINGHILL ROAD TALLAHASSEE, FL 32305

2. Principal Place of Business	3. Mailing Address
3497 Mahan Dr.	8033 Goodwin Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Talla., Fla.	City & State: Talla., Fla.
Zip: 32308 Country: Leon	Zip: 32311 Country: Leon

4. FEI Number
59-3623740
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KILPATRICK, MAURICE L
3709 AKSARBEN DR.
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: Maurice Kilpatrick
Street Address (P.O. Box Number Is Not Acceptable): 3497 Mahan Dr.
City: Talla. FL Zip Code: 32308

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: Maurice Kilpatrick 3/8/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	P KILPATRICK, MAURICE L 3709 AKSARBEN DR. TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100068113591 03/20/06--01030--009 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Wilford Jiles 3497 Mahan Dr Talla, Fla 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Eddie Kilpatrick 3709 Elysian Dr. Talla, Fla. 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Asst~~ Treasurer Flourny Rollins ~~Eugenia Dr~~ 3497 Mahan Dr. Talla, Fla. 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Maurice Kilpatrick 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #