#### **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

### DOCUMENT # P00000087526

KEVIN LITTLE DETAILS, INC.



**FILED** Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

1313 SOUTH MILITARY TRAIL

**SUITE 213** 

DEERFIELD BEACH, FL 33442

Mailing Address

1313 SOUTH MILITARY TRAIL SUITE 213

DEERFIELD BEACH, FL 33442



## DO NOT WRITE IN THIS SPACE

04182008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-1045082 Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLE, KEVIN LEE 4730 NE 17TH AVE

# DO NOT WRITE

POMPANO BEACH, FL 33064			IN THIS SPACE			
	e named entity submits this statement for the pations of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
				required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LITTLE, KEVIN L 1313 SOUTH MILITARY TRAIL #213 DEERFIELD BEACH, FL 33442				Necessary cases	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LITTLE, PAMELA P 1313 SOUTH MILITARY TRAIL #213 DEERFIELD BEACH, FL 33442				U00000916906 05/13/08-80019-015 150.00	
TITLE NAME						

# DO NOT WRITE IN THIS SPACE

12. I nereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #