

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90018 025 ***150.00

DOCUMENT # P01000000142

1. Entity Name

LUPE KINLEY DRIVE-THRU QWIKMART CENTER, INC.



Principal Place of Business

962 MILLARD COURT
DAYTONA BEACH FL 32117

Mailing Address

962 MILLARD COURT
DAYTONA BEACH FL 32117

34004010



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3691936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, BETTIE F DR
962 MILLARD COURT
DAYTONA BEACH FL 32117

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KINLEY, LUPE L DR	
STREET ADDRESS	962 MILLARD COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	P	<input type="checkbox"/> Delete
NAME	KINLEY, RODNEY B DR	
STREET ADDRESS	962 MILLARD COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLUE, RETHA R DR	
STREET ADDRESS	962 MILLARD COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BAILEY, BETTIE F DR	
STREET ADDRESS	962 MILLARD COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINLEY, MONIQUE M DR	
STREET ADDRESS	962 MILLARD COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINLEY, EILEEN M DR	
STREET ADDRESS	962 MILLARD COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	284 S. ORCHARD STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	284 S. ORCHARD STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

[Signature] SECRETARY TREASURER

2-6-04 (386)252-6838

Date

Daytime Phone #