

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 050 ***150.00

DOCUMENT # P01000000142

1. Entity Name
LUPE KINLEY DRIVE-THRU QWIKMART CENTER, INC.



Principal Place of Business
**1717 MASON AVE
1217
DAYTONA BEACH, FL 32117**

Mailing Address
**1717 MASON AVE
1217
DAYTONA BEACH, FL 32117**



04072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**BROOKS, LISA A DR
1717 MASON AVE
APT # 1217
DAYTONA BEACH, FL 32117**

**DO NOT WRITE
IN THIS SPACE**

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

Lisa A. Brooks

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KINLEY, LUPE L DR
STREET ADDRESS	284 S ORCHARD ST.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	P
NAME	KINLEY, RODNEY B DR
STREET ADDRESS	284 S ORCHARD ST.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	V
NAME	BLUE, RETHA R DR
STREET ADDRESS	1130 LEWIS DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	ST
NAME	BROOKS, LISA A DR
STREET ADDRESS	1717 MASON AVE, APT #1217
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	D
NAME	KINLEY, MONIQUE M DR
STREET ADDRESS	1257 DAL MASO DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	D
NAME	KINLEY, EILEEN M DR
STREET ADDRESS	1530 DECATUR AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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:

Lisa A. Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

386-274-4462

Daytime Phone #