

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90240 039 \*\*\*150.00

<b>DOCUMENT # P01000000142</b> 1. Entity Name <b>LUPE KINLEY DRIVE-THRU QWIKMART CENTER, INC.</b>			
Principal Place of Business <b>1717 MASON AVE # 1217 DAYTONA BEACH, FL 32117</b>		Mailing Address <b>1717 MASON AVE # 1217 DAYTONA BEACH, FL 32117</b>	
2. Principal Place of Business - No P.O. Box # <b>303 Cavanah Drive</b>		3. Mailing Address <b>303 Cavanah Drive</b>	
Suite, Apt. #, etc. <b>C</b>		Suite, Apt. #, etc. <b>C</b>	
City & State <b>Daytona Beach</b>		City & State <b>Daytona Beach</b>	
Zip <b>32117</b>		Zip <b>32117</b>	
Country <b>Volusia</b>		Country <b>Volusia</b>	
4. FEI Number <b>59-3691936</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROOKS, LISA A DR 1717 MASON AVE APT # 1217 DAYTONA BEACH, FL 32117</b>		7. Name and Address of New Registered Agent Name <b>Dr. Lisa A. Brooks</b> Street Address (P.O. Box Number is Not Acceptable) <b>303 Cavanah Drive</b> <b>Apt. C</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32117</b>	
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 <b>Dr. Lisa A. Brooks</b> DATE <b>April 30, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINLEY, LUPE L DR 284 S ORCHARD ST. ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINLEY, RODNEY B DR 284 S ORCHARD ST. ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLUE, RETHA R DR 1130 LEWIS DRIVE DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Blue, Retha R. Dr. 921 Rosewood street Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROOKS, LISA A DR 1717 MASON AVE, APT #1217 DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Brooks, Lisa A. Dr. 303 Cavanah Drive Apt. C Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, MONIQUE M DR 1257 DAL MASO DRIVE DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, EILEEN M DR 1530 DECATUR AVE DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Dr. Lisa A. Brooks</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>April 30, 2008</b> 386-274-4462 <small>Date Daytime Phone #</small>	