

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90019 001 \*\*\*150.00  
 01-31-2006 90019 002 \*\*\*\*\*8.75

**66000540**



01262006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000051251			
1. Entity Name KILGORE'S BRICK PAVERS, INC.			
Principal Place of Business 11509 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407		Mailing Address 11509 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407	
2. Principal Place of Business <i>11921 Panama City Beach Parkway</i>		3. Mailing Address <i>11921 Panama City Beach Parkway</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Panama City Beach, FL</i>		City & State <i>Panama City Beach, FL</i>	
Zip <i>32407</i>	Country	Zip <i>32407</i>	Country
4. FEI Number 32-0015123		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KILGORE, JIM 11509 PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>11921 Panama City Beach Pkwy</i> City <i>Panama City Beach</i> FL Zip Code <i>32407</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KILGORE, JIM 11509 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11921 Panama City Beach Parkway</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ADAMS, MIKE 11509 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11921 Panama City Beach Parkway</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 empowers.			
SIGNATURE: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Michael A. Adams</i> Date: <i>1/26/06</i>	
<i>[Signature]</i>		TAMERZ W. KILGORE 1-26-06	