


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90309 039 \*\*\*150.00

<b>DOCUMENT # P03000076260</b>	
1. Entity Name <b>KKS ENTERPRISES, INC.</b>	

Principal Place of Business <b>2843 ORANGE GROVE WAY PALM HARBOR FL 34684</b>	Mailing Address <b>2843 ORANGE GROVE WAY PALM HARBOR FL 34684</b>
--	--



2. Principal Place of Business <b>2843 ORANGE GROVE WAY PALM HARBOR FL 34684</b>	3. Mailing Address <b>2843 ORANGE GROVE WAY PALM HARBOR FL 34684</b>
Suite, Apt. #, etc. <b>6000 WAY</b>	Suite, Apt. #, etc. <b>6000 WAY</b>
City & State <b>PALM HARBOR FLA.</b>	City & State <b>PALM HARBOR FL</b>
Zip <b>34684</b>	Zip <b>34684</b>

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>SMALL, MARK E 2843 ORANGE GROVE WAY PALM HARBOR FL 34684</b>	
--	--

4. FEI Number <b>20-0221504</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

7. Name and Address of New Registered Agent <b>MARK E SMALL 2843 ORANGE GROVE WAY PALM HARBOR FL 34684</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  (NOTE: Registered Agent signature required when reinstating)  
Signature typed or printed name of registered agent and title if applicable  
DATE 4/27/06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SMALL, MARK E 2843 ORANGE GROVE WAY PALM HARBOR FL 34684 <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
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 Section 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:  4/27/06 727/244-9410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #