



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P03000100295	
1. Entity Name KWIK KERB KONCEPTS, INC.	

Principal Place of Business 12830 SE 144TH AVE OCKLAWAHA, FL 32179	Mailing Address P.O. BOX 585 OCKLAWAHA, FL 32183-0585
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DO NOT WRITE IN THIS SPACE

	
01252008 No Chg-P	CR2E034 (11/05)
4. FEI Number 68-0569108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOTES, TERRI L 12830 SE 144TH AVE OCKLAWAHA, FL 32179	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000885130 04/10/08 80001-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MOTES, TERRI L P.O. BOX 575 OCKLAWAHA, FL 321830575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POPE, DANIEL L P.O. BOX 575 OCKLAWAHA, FL 321830575
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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: *Terril L. Motes-Pope* **President** 01-25-08 352-260-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #