

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115538

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: LATRESE & KEVIN ENTERPRISES INC.

## Current Principal Place of Business:

8987 SHINDLER CROSSING DR.  
JACKSONVILLE, FL 32222

## New Principal Place of Business:

## Current Mailing Address:

8987 SHINDLER CROSSING DR.  
JACKSONVILLE, FL 32222

## New Mailing Address:

FEI Number: 35-2217034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, LATRESE V  
8987 SHINDLER CROSSING DR.  
JACKSONVILLE, FL 32222 US

## Name and Address of New Registered Agent:

HARGRAVE, LATRESE W  
8987 SHINDLER CROSSING DR.  
JACKSONVILLE, FL 32222 US

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.

SIGNATURE: LATRESE HARGRAVE

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, LATRESE V  
Address: 8987 SHINDLER CROSSING DR  
City-St-Zip: JACKSONVILLE, FL 32222

Title: TREA ( ) Delete  
Name: HARGRAVE, KEVIN SR  
Address: 8987 SHINDLER CROSSING DR  
City-St-Zip: JACKSONVILLE, FL 32222

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HARGRAVE, LATRESE W  
Address: 8987 SHINDLER CROSSING DR  
City-St-Zip: JACKSONVILLE, FL 32222

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LATRESE HARGRAVE

PRES

03/14/2005

Electronic Signature of Signing Officer or Director

Date