

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124640

Entity Name: L K L ENTERPRISE INC.

FILED  
Mar 15, 2012  
Secretary of State

**Current Principal Place of Business:**

9 OAKS DRIVE  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

9 OAKS DRIVE  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 20-3398665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPER, LISA  
9 OAKS DR  
JACKSONVILLE, FL 32250 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LOPER, LISA  
Address: 9 OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32250

Title: DV  
Name: LOPER, KENNY  
Address: 9 OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32250

Title: DS  
Name: SANFORD, LAMAR  
Address: 4392 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: LISA LOPER

D

03/15/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date