


FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90170 001 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000155539			
1. Entity Name K & K CARRIERS INC.			
Principal Place of Business 14081 DENTON ROAD JACKSONVILLE, FL 32226 US		Mailing Address 14081 DENTON ROAD JACKSONVILLE, FL 32226 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0518864		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 KINGHORN, BILLY C 10167 KINGHORN ROAD GLEN ST MARY, FL 32040		7. Name and Address of New Registered Agent Name KAY, ANGELIA L Street Address (P.O. Box Number is Not Applicable) 14081 DENTON ROAD City JACKSONVILLE FL Zip Code 32226	
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 <u>Angelia Kay</u> DATE <u>1-20-07</u> <small>Signature typed or printed name of registered agent and filer acceptable. (NOTE: registered agent signature required when registering)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2007, Fee will be \$350.00		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	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGHORN, PEGGY T	NAME	
STREET ADDRESS	10167 KINGHORN ROAD	STREET ADDRESS	
CITY- ST- ZIP	GLEN ST MARY, FL 32040	CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGHORN, BILLY C	NAME	
STREET ADDRESS	10167 KINGHORN ROAD	STREET ADDRESS	
CITY- ST- ZIP	GLEN ST MARY, FL 32040	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	NAME	
STREET ADDRESS	KAY, ANGELIA L	STREET ADDRESS	
CITY- ST- ZIP	14081 DENTON ROAD JACKSONVILLE, FL 32226	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	* President	NAME	
STREET ADDRESS	KAY, RICHARD M	STREET ADDRESS	
CITY- ST- ZIP	14081 DENTON ROAD JACKSONVILLE, FL 32226	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 filer empowered.			
SIGNATURE: <u>Angelia Kay</u>		DATE: <u>1-20-07</u> DAYTIME PHONE: <u>904-714-9501</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE</small>	

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