


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000155539  
 1. Entity Name  
 K & K CARRIERS INC.



Principal Place of Business      Mailing Address  
 14081 DENTON ROAD      14081 DENTON ROAD  
 JACKSONVILLE, FL 32226 US      JACKSONVILLE, FL 32226 US

**DO NOT WRITE IN THIS SPACE**



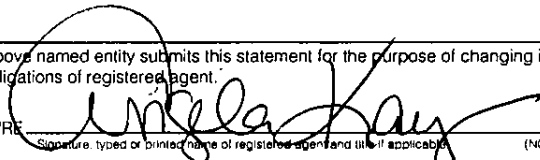
04102008    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-0518964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
 KAY, ANGELIA L  
 10481 DENTON ROAD  
 JACKSONVILLE, FL 32226

**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:       DATE: 4-7-08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

1000000891914  
 04/23/08-80043-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KAY, ANGELIA L 14081 DENTON ROAD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAY, RICHARD M 14081 DENTON ROAD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:       Date: 4-7-08      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR