

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90033 033 ***150.00

DOCUMENT # P04000043640

1. Entity Name

KEVIN WIMPY ENTERPRISES, INC.



Principal Place of Business

200 SE BIKINI DRIVE
LAKE CITY FL 32025

Mailing Address

200 SE BIKINI DRIVE
LAKE CITY FL 32025



2. Principal Place of Business

11375 SW 92 ST

3. Mailing Address

Suite, Apt. #, etc.
51PM

1st MOORE

CR2E034 (10/05)

City & State

Hampton FL

City & State

Zip Country
32044 Bradenton

4. FEI Number

37-1486407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIMPY, KEVIN
200 SE BIKINI DRIVE
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11375 SW 92 ST

City

Hampton

FL

Zip Code

32044

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

Kevin Wimpy

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WIMPY, KEVIN R
STREET ADDRESS 200 SE BIKINI DRIVE
CITY-ST-ZIP LAKE CITY FL 32025

TITLE VP ☐ Delete
NAME WIMPY, KEVIN R
STREET ADDRESS 200 SE BIKINI DRIVE
CITY-ST-ZIP LAKE CITY FL 32025

TITLE SEC ☐ Delete
NAME WIMPY, KEVIN
STREET ADDRESS 200 SE BIKINI DRIVE
CITY-ST-ZIP LAKE CITY FL 32025

TITLE TRE ☐ Delete
NAME WIMPY, KEVIN R
STREET ADDRESS 200 SE BIKINI DRIVE
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kevin Wimpy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

904-334-8137

Date

Daytime Phone #