


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90002 001 ***158.75

DOCUMENT # P04000160384	
1. Entity Name KYLE PEEPLES ASSOCIATES, INC.	

Principal Place of Business 5835 DURANT RD DOVER, FL 33527	Mailing Address P.O. BOX 1065 VALRICO, FL 33595
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4709 WhiteCliff PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Dover, FL
Zip	Country USA
Country	Zip 33527

40110000



07102008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PEEPLES, KYLE 4210 HELENE PL VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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:  **9-08-08** **813-689-9438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #