

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90197 046 ***150.00

DOCUMENT # P05000100383

1. Entity Name
K.K.P. ENTERPRISES, INC.



Principal Place of Business
**3949 EVANS AVE #403
FT MYERS, FL 33901**

Mailing Address
**3949 EVANS AVE #403
FT MYERS, FL 33901**

40066979



2. Principal Place of Business

3949 Evans Ave

3. Mailing Address

3949 Evans Ave

Suite, Apt., #, etc.

403

Suite, Apt., #, etc.

403

City & State

Ft Myers FL

City & State

Ft Myers FL

Zip

33901

Country

USA

Zip

33901

Country

USA

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3202798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAQUETTE, KATIE
3949 EVANS AVE #403
FT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name

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

3949 Evans Ave Ste. 403

City

Ft Myers

FL

Zip Code

33901

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

Katie Paquette
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PAQUETTE, KATIE**
STREET ADDRESS **3949 EVANS AVE #403**
CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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 **ste: 3949 Evans Ave 403**
STREET ADDRESS **Ft Myers FL 33901**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 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

Katie Paquette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 239 28-2252
Date Daytime Phone #