

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-22-2006 90047 015 ***150.00

DOCUMENT # P05000153142
 1. Entity Name
K & R SITE PREP INC.



Principal Place of Business Mailing Address
9634 GENE STREET **9634 GENE STREET**
HUDSON FL 34669 **HUDSON FL 34669**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number
20-3807857 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FELTNER, KIMBERLY
9634 GENE STREET
HUDSON FL 34669

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 existing) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FELTNER, KIMBERLY	
STREET ADDRESS	9634 GENE STREET	
CITY - ST - ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
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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: Kimberly Feltner Date: 4-13-06 7217
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # 861-2878