


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90020 029 \*\*\*150.00

<b>DOCUMENT # P06000081728</b> 1. Entity Name <b>KEVIN TRANSPORTATION A PLUS CORP</b>																							
Principal Place of Business <b>315 CYPRESS CREEK CIR OLDSMAR FL 34677</b>				Mailing Address <b>315 CYPRESS CREEK CIR OLDSMAR FL 34677</b>																			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																					
City & State  Zip      Country		City & State  Zip      Country																					
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">205051739</div>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE      CR2E034 (10/06)																			
6. Name and Address of Current Registered Agent  <b>ALLAHAM, MOHAMMED Y 315 CYPRESS CREEK CIR OLDSMAR FL 34677</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution... <input type="checkbox"/> Added to Fees																				
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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.																							
<b>SIGNATURE:</b> <u>Bachir Laham</u> <u>2/15/07</u> <u>(727)224-3471</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																							