

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100291

FILED
Apr 28, 2009
Secretary of State

Entity Name: C.B. KILLENS AND FAMILY CORPORATION

Current Principal Place of Business:

18130 NW 25TH AVE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

18130 NW 25TH AVE
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 26-3405533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, BRENDA
18130 NW 25TH AVE
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: E () Delete
Name: EVANS, BRENDA
Address: 18130 NW 25TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: P () Delete
Name: EVANS, HERBERT JR
Address: 173 1/2 NW 11TH ST
City-St-Zip: MIAMI, FL 33136

Title: CEO () Delete
Name: BULLARD, ERNEST III
Address: 3404 LAURA STREET
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP () Delete
Name: JOSEPH, TREVIN
Address: 18130 NW 25TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S () Delete
Name: EVANS, SHAKIA
Address: 173 1/2 NW 11TH ST
City-St-Zip: MIAMI, FL 33136

Title: T () Delete
Name: MARTIN, ZINA
Address: 18130 NW 25TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAKIA EVANS

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date