

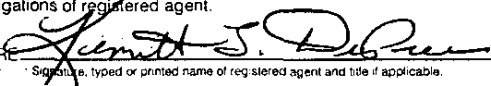
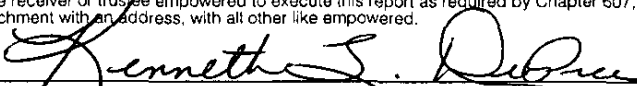


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90064 017 ***150.00

DOCUMENT # P93000028116 1. Entity Name KENNETH L. DUPREE ENTERPRISES, INC.					
Principal Place of Business 103 FLORIDA AVE LYNN HAVEN, FL 32444 US			Mailing Address 103 FLORIDA AVE. LYNN HAVEN FL, 32444 US		
2. Principal Place of Business 1400 Thurso Rd.		3. Mailing Address 1400 Thurso Rd.			
Suite, Apt. #, etc. Lynn Haven, FL		Suite, Apt. #, etc. Lynn Haven, FL			
City & State Lynn Haven, FL		City & State Lynn Haven, FL			
Zip 32444		Country US			
4. FEI Number 59-3186770		Chg-P CR2E034 (10/03)		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DUPREE, KENNETH L 103 FLORIDA AVE. LYNN HAVEN, FL 32444	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1400 Thurso Road City Lynn Haven FL Zip Code 32444		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:  DATE: 3-24-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PST	<input type="checkbox"/> Delete	TITLE	1400 Thurso Road	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPREE, KENNETH L		NAME	Lynn Haven, FL 32444	
STREET ADDRESS	103 FLORIDA AVE.		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 3-24-05		Daytime Phone #: 850-271-1909	