


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000070235</b> 1. Entity Name <b>KJPLC CORP.</b>		
Principal Place of Business <b>190 ATLANTIS BOULEVARD ATLANTIS FL 33462</b>		Mailing Address <b>190 ATLANTIS BOULEVARD ATLANTIS FL 33462</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent  <b>KINTZ, PAUL 190 ATLANTIS BOULEVARD ATLANTIS FL 33462</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0691626**  Applied For  
 Not Applicable

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

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 \_\_\_\_\_  
Signature typed in printer name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**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 **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KINTZ, PAUL	NAME	
STREET ADDRESS	190 ATLANTIS BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KINTZ, JULIE E	NAME	
STREET ADDRESS	190 ATLANTIS BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LECKRONE, LESLIE	NAME	
STREET ADDRESS	190 ATLANTIS BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KINTZ, CHRISTOPHER	NAME	
STREET ADDRESS	190 ATLANTIS BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCHANDELMAYER, KERRIE	NAME	
STREET ADDRESS	190 ATLANTIS BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

U00000476659  
04/06/06-80019-024 150.00

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: Paul Kintz 3-20-06 561-965-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #