

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000024226

1. Entity Name
KEP ENTERPRISE, INC.



Principal Place of Business
**5113 SEAGRAPE DRIVE
FT. PIERCE, FL 34982**

Mailing Address
**5113 SEAGRAPE DRIVE
FT. PIERCE, FL 34982**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0744738

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, CARLA M
5113 SEAGRAPE DRIVE
FT. PIERCE, FL 34982**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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: D Delete
NAME: PORTER, KENNETH E
STREET ADDRESS: 5113 SEAGRAPE DRIVE
CITY-ST-ZIP: FT. PIERCE, FL 34982

Change Addition
U00000513818
04/29/06-80137-017 150.00

TITLE: D Delete
NAME: PORTER, CARLA M
STREET ADDRESS: 5113 SEAGRAPE DRIVE
CITY-ST-ZIP: FT. PIERCE, FL 34982

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE: Delete
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STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carla M Porter **CARLA M PORTER** 4/12/06 772-466-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #