


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 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**

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0744738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, KENNETH E 5113 SEAGRAPE DRIVE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, CARLA M 5113 SEAGRAPE DRIVE FT. PIERCE, FL 34982
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 04/27/07-80030-010 150.00

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** 4/14/07 772-466-4166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #