


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90023 045 ***150.00

DOCUMENT # P99000111103	
1. Entity Name K & R ENTERPRISES, INC.	

Principal Place of Business 16880 GATOR ROAD FT MYERS, FL 33912	Mailing Address 16880 GATOR ROAD FT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

40077700



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0971010	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 THORPE, KATHERINE 16880 GATOR ROAD # 119 FT MYERS, FL 33912
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**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, RICHARD G 16880 GATOR ROAD FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, KATHERINE 16880 GATOR ROAD FT MYERS, FL 33912
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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: Katherine Thorpe 3/20/08 2392670329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #