## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124640

Entity Name: L K L ENTERPRISE INC.

**Current Principal Place of Business:** 

9 OAKS DRIVE

JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:** 

9 OAKS DRIVE

JACKSONVILLE BEACH, FL 32250

FEI Number: 20-3398665 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPER, KENNY 9 OAKS DR

JACKSONVILLE, FL 32250 US

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.

SIGNATURE: KENNY LOPER 02/05/2013

Electronic Signature of Registered Agent

Date

FILED Feb 05, 2013

**Secretary of State** 

CC5679048596

Officer/Director Detail:

Title DV

Name LOPER, KENNY Address 9 OAKS DR

City-State-Zip: JACKSONVILLE FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail