2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 671628

1. Entity Name
KENN AIR CORP.

Principal Place of Business	Mailing Address
4451 NE 41ST TERR GAINESVILLE, FL 32609 US	4451 NE 41ST TERR GAINESVILLE, FL 32609 US

01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2009617
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAX CO.
ATTN. BARBARA C. JOHNSTON
50 NORTH LAURA ST. STE. 3300
JACKSONVILLE, FL 32202

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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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, KENNETH P.
STREET ADDRESS	4451 NE 41ST TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	S
NAME	SMITH, JAMES T.
STREET ADDRESS	4451 NE 41ST TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	VT
NAME	FULLENWIDER, BRENT
STREET ADDRESS	4451 NE 41ST TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	AS
NAME	JOHNSTON, BARBARA C
STREET ADDRESS	50 NORTH LAURA STREET STE 3300
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80005-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Fullenwider 4/15/04 352-373-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #