

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005803

FILED  
Jan 28, 2005  
Secretary of State

Entity Name: KENDALL CONSULTANTS, INC.

## Current Principal Place of Business:

4559 SAILMAKER LANE  
DESTIN, FL 32541

## New Principal Place of Business:

371 TERRAPIN TRACE  
DESTIN, FL 32541

## Current Mailing Address:

4559 SAILMAKER LANE  
DESTIN, FL 32541

## New Mailing Address:

371 TERRAPIN TRACE  
DESTIN, FL 32541

FEI Number: 58-2176578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCEACHERN, CHARLES K  
4559 SAILMAKER LANE  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

MCEACHERN, CHARLES K  
371 TERRAPIN TRACE  
DESTIN, FL 32541 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:

01/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: MCEACHERN, CHARLES K  
Address: 4559 SAILMAKER LANE  
City-St-Zip: DESTIN, FL 32541

Title: ST ( ) Delete  
Name: MCEACHERN, VICKI L  
Address: 4559 SAILMAKER LANE  
City-St-Zip: DESTIN, FL 32541

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: MCEACHERN, CHARLES K  
Address: 371 TERRAPIN TRACE  
City-St-Zip: DESTIN, FL 32541

Title: ST (X) Change ( ) Addition  
Name: MCEACHERN, VICKI L  
Address: 371 TERRAPIN TRACE  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES K. MCEACHERN

CP

01/28/2005

Electronic Signature of Signing Officer or Director

Date