

2007 FOR PROFIT CORPORATION

Amended ANNUAL REPORT (AR)

DOCUMENT # K83251

1. Entity Name

KENSON ENTERPRISES, INC.



9/5 FILED

2007 SEP 18 AM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4529 WEST HIGHWAY 192
KISSIMMEE FL 34746

Mailing Address

4529 WEST HIGHWAY 192
KISSIMMEE FL 34746

2. Principal Place of Business - No P.O. Box #

4529 W. Highway 192
Suite, Apt. #, etc.

3. Mailing Address

4529 W. Highway 192
Suite, Apt. #, etc.

City & State

Kissimmee, FL.

City & State

Kissimmee, FL

4. FEI Number

59-2952496

Applied For

Not Applicable

Zip

34746

Country

U.S.A

Zip

34746

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HO, AL H
4529 WEST HIGHWAY 192
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

Ho, Kenneth S.

Street Address (P.O. Box Number is Not Acceptable)

4529 West Highway 192

City

Kissimmee

FL

Zip Code

34746

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

Signature, typed or printed name of registered agent (not filed if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

6/20/07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME HO, KENNETH S
STREET ADDRESS 4529 WEST HIGHWAY 192
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete
NAME HO, AL HUA
STREET ADDRESS 4529 WEST HIGHWAY 192
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200108570312
CITY-ST-ZIP 09/18/07--01024--014 **550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth S. Ho

9/12/07

Date

Daytime Phone #

407-396-2042