

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104595

FILED
Mar 03, 2004
Secretary of State

Entity Name: KENDALL CONSULTING GROUP OF SARASOTA, INC.

Current Principal Place of Business:

566 SOUTH SPOONBILL DRIVE
SARASOTA, FL 342361820

New Principal Place of Business:

Current Mailing Address:

566 SOUTH SPOONBILL DRIVE
SARASOTA, FL 342361820

New Mailing Address:

FEI Number: 65-1055507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RECK, ROBERT H DR.
566 SOUTH SPOONBILL DRIVE
SARASOTA, FL 342361820

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: RECK, ROBERT H
Address: 566 S SPOONBILL
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: RECK, JOANNA LYNN
Address: 97 CHESTNUT ST
City-St-Zip: ANDOVER, MA 01810

Title: D/V () Delete
Name: RECK, VIRGINIA P
Address: 566 S SPOONBILL
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: RECK, JENNIFER E
Address: 268 HIGHLAND ROAD
City-St-Zip: ANDOVER, MA 01810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT RECK

D

03/03/2004

Electronic Signature of Signing Officer or Director

_____ Date