


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90124 042 ***150.00

DOCUMENT # P02000037855

1. Entity Name
KEN DRUGS, INC.



Principal Place of Business Mailing Address
 1612 W WATERS AVE 1612 W WATERS AVE
 TAMPA, FL 33604 TAMPA, FL 33604

14018500

2. Principal Place of Business 3. Mailing Address
4730 N. HABANA AVE **4730 N. HABANA AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
101 **101**
 City & State City & State
TAMPA FL **TAMPA FL**
 Zip Country Zip Country
33614 **33614**



07072005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
04-3646513 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SHOBOLA, KENNETH O
 10004 N. DALE MABRY
 SUITE 112
 TAMPA, FL 33618

Name
SHOBOLA, KENNETH O.
 Street Address (P.O. Box Number is Not Acceptable)
4730 N. HABANA AVE
101
 City State Zip Code
TAMPA FL 33614

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:  **KENNETH O. SHOBOLA** **7/7/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOBOLA, KENNETH	NAME	
STREET ADDRESS	16008 MUIRFIELD DR	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **KENNETH O. SHOBOLA, PRES** **7/7/05** **(813) 4265419**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Daytime Phone #)