

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90082 002 ***150.00

DOCUMENT # P02000062506			
1. Entity Name KENNICK, INC.			
Principal Place of Business 116 LITHIA ROAD STE 102 BRANDON, FL 33511		Mailing Address 116 LITHIA ROAD STE 102 BRANDON, FL 33511	
2. Principal Place of Business - No P.O. Box # 350 E. Robertson St. Suite, Apt. #, etc. Ste 102 City & State Brandon FL Zip 33511 Country US		3. Mailing Address 350 E. Robertson Street Suite, Apt. #, etc. Ste 102 City & State Brandon FL Zip 33511 Country US	
01112008 Chg-P CR2E034 (12/06)		4. FEI Number 02-0611531 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LETTIERI, PATRICIA J 116 LITHIA ROAD STE 102 BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Lettieri-Lampp, Patricia J. Street Address (P.O. Box Number is Not Acceptable) 350 E Robertson Street Ste 102 City Brandon FL Zip Code 33511	
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: 1/15/08 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LETTIERI, PATRICIA J 116 LITHIA ROAD STE 102 BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lettieri-Lampp, Patricia J. 350 E. Robertson Street STE 102 Brandon, FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: 1/15/08 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			