



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90444 050 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|--|---|--|---|
| DOCUMENT # P99000059905 | |  | |
| 1. Entity Name KENDALL EVENTS, INC. | | | |
| Principal Place of Business 224 DATURA ST DTE 301 W. PALM BEACH, FL 33401 | | Mailing Address 224 DATURA ST DTE 301 W. PALM BEACH, FL 33401 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Subs. Apt. #, etc. | | Subs. Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0934055 | | 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 RUMSEY, KENDALL R 3526 WHITEHALL DRIVE STET 404 W. PALM BEACH, FL 33401 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent Signature required when relocating) DATE _____ | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2004 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 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete RUMSEY, KENDALL R 3526 WHITEHALL DR., STE. 404 W. PALM BEACH, FL 33401 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 807, 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: 4-30-04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR | | Date | |

14016401



04282004 Chg-P CR2E034 (10/03)