

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 254705**

1. Entity Name

A.N. KENNEDY & SON, INC.



Principal Place of Business  
1797 BACOM POINT RD.  
PAHOKEE FL 33476

Mailing Address  
1797 BACOM POINT RD.  
PAHOKEE FL 33476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-0997550**

Applied For  
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

KENNEDY, WILLIAM R  
1797 BACOM POINT RD.  
PAHOKEE FL 33476

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KENNEDY, WILLIAM R  
STREET ADDRESS 1797 BACOM POINT RD.  
CITY-ST-ZIP PAHOKEE FL

TITLE D ☐ Delete  
NAME PEERSON, ARYSTINE  
STREET ADDRESS 218 CASADE LANE  
CITY-ST-ZIP PALM BCH SHORES FL

TITLE D ☐ Delete  
NAME KENNEDY, W. KIRK  
STREET ADDRESS 2543 BACOM POINT RD.  
CITY-ST-ZIP PAHOKEE FL 33476

TITLE D ☐ Delete  
NAME PEERSON, HENRY  
STREET ADDRESS 218 CASADE LANE  
CITY-ST-ZIP PALM BCH SHORES FL

TITLE ST ☐ Delete  
NAME KENNEDY, DIANE  
STREET ADDRESS 1797 BACOM POINT RD.  
CITY-ST-ZIP PAHOKEE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(f), 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:

*Diane Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 361.924.7946  
Date Daytime Phone #