2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 254705

1. Entity Name
A.N. KENNEDY & SON, INC.

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

03302008 No Chg-P CR2E034 (11/05)

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

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

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
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000914581
05/08/08-80052-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KENNEDY, WILLIAM R
STREET ADDRESS	1797 BACOM POINT RD.
CITY-ST-ZIP	PAHOKEE, FL
TITLE	D
NAME	PEERSON, ARYSTINE
STREET ADDRESS	218 CASADE LANE
CITY-ST-ZIP	PALM BCH SHORES, FL
TITLE	D
NAME	KENNEDY, W. KIRK
STREET ADDRESS	2543 BACOM POINT RD.
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	D
NAME	PEERSON, ALLEN
STREET ADDRESS	153 BEACH SUMMIT CT
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	ST
NAME	KENNEDY, DIANE
STREET ADDRESS	1797 BACOM POINT RD.
CITY-ST-ZIP	PAHOKEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: DIANE H. KENNEDY Diane H. Kennedy 4-16-08 561-924-7946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #