

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 1797 BACOM POINT RD. PAHOKEE, FL 33476	Mailing Address 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	

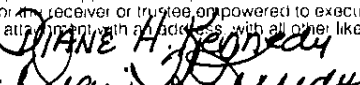
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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	000000914581 05/08/08-80052-021 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, WILLIAM R 1797 BACOM POINT RD. PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEERSON, ARLYSTINE 218 CASADE LANE PALM BCH SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, W. KIRK 2543 BACOM POINT RD. PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEERSON, ALLEN 153 BEACH SUMMIT CT JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, DIANE 1797 BACOM POINT RD. 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 a 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 charged, or on an attachment with a address, with all other like empowered.

SIGNATURE: 	4-16-08 361.924.7946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date