


**2006 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 260650</b> 1. Entity Name KENCO HOMES, INC.	
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Principal Place of Business 529 OVERLOOK DR NORTH PALM BEACH, FL 33408	Mailing Address 529 OVERLOOK DR NORTH PALM BEACH, FL 33408
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1009842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MAY, KEN 529 OVERLOOK DRIVE NORTH PALM BCH, FL 33408	<b>DO NOT WRITE IN THIS SPACE</b>
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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 registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000512247^M  
06-80080-012 150.00^M

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAY, K W 529 OVERLOOK DR NORTH PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAY, K R 529 OVERLOOK DR NORTH PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAY, M E 529 OVERLOOK DR NORTH PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*K.W. May*  
**K.W. MAY**

**4/12/06 561 626-7434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #