

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 260650**

1. Entity Name  
**KENCO HOMES, INC.**



Principal Place of Business  
**529 OVERLOOK DR  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**529 OVERLOOK DR  
NORTH PALM BEACH, FL 33408**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1009842**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**MAY, KEN  
529 OVERLOOK DRIVE  
NORTH PALM BCH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

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

U00000732992  
05/09/07-80066-021 150.00

**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:** *Ken May* - **KEN MAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/07* *561 626-7434*

Date

Daytime Phone #