2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2008 08:00 AM Secretary of State

ANNUAL REPORT		
DOCUMENT # 38659 1. Entity Name KENCO QUILTING AND TEX		
Principal Place of Business	Mailing Address	
1440 S DIXIE HWY	1440 S DIXIE HWY	
HOLLYWOOD, FL 33020	HOLLYWOOD, FL 33020	
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CR2E034 (11/05) 03072008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1456754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENNEY, GARY J DO NOT WRITE 5521 ESTATE OAKCIRCLE FORT LAUDERDALE, FL 33312 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000869411 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 04/09/08-80046-022 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KENNEY, GARY J STREET ADDRESS 1440 S DIXIE HWY CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 proof 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 truster 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:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08

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