## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 04; 2005 08:00 AM **Secretary of State DOCUMENT #653348** 1. Entity Name KENT CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 943 INDUSTRIAL DRIVE 943 INDUSTRIAL DRIVE CHIPLEY, FL 32428 US CHIPLEY, FL 32428 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1981584 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENT, RONNIE R DO NOT WRITE 5149 PEANUT ROAD GRACEVILLE, FL 32440 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 Flonda. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IIILE KENT, RONNIE R NAME STREET ADDRESS 5149 PEANUT ROAD U00000214244 CMY-ST-ZIP GRACEVILLE, FL 32440 02/04/05-80004-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT) F NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 tif changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**