

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 653348

1. Entity Name
KENT CONSTRUCTION COMPANY, INC.



Principal Place of Business
**943 INDUSTRIAL DRIVE
CHIPLEY, FL 32428 US**

Mailing Address
**943 INDUSTRIAL DRIVE
CHIPLEY, FL 32428 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1981584** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KENT, RONNIE R
5149 PEANUT ROAD
GRACEVILLE, FL 32440**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KENT, RONNIE R 5149 PEANUT ROAD GRACEVILLE, FL 32440
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02/18/06-80052-023 150.00

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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: Ronnie Kent, President 2-1-06 8506384285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #