


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 671628 1. Entity Name KENN AIR CORP.	
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Principal Place of Business 4451 NE 41ST TERR GAINESVILLE, FL 32609 US	Mailing Address 4451 NE 41ST TERR GAINESVILLE, FL 32609 US
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03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2009617	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAX CO. ATTN. BARBARA C. JOHNSTON 50 NORTH LAURA ST. STE. 3300 JACKSONVILLE, FL 32202

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, KENNETH P. 4451 NE 41ST TERRACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, JAMES T. 4451 NE 41ST TERRACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT FULENWIDER, BRENT 4451 NE 41ST TERRACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS JOHNSTON, BARBARA C 50 NORTH LAURA STREET STE 3300 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000323636 04/22/05-80061-022 150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brent Fullenwider 4/19/05 352-373-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #