


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004025 1. Entity Name JOHN W. KENNEDY CO.	
--	---

Principal Place of Business 990 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	Mailing Address P.O. BOX 14217 EAST PROVIDENCE, RI 02914
---	--

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0165893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOBRENZ, MATTHEW L 4185 L.B. MCLEOD ROAD ORLANDO, FL 32811-5614	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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000222863 02/10/05-80021-014 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD KENNEDY, JO ANNE C C/O 990 WATERMAN AVENUE EAST PROVIDENCE, RI 02914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, JOHN W III C/O 990 WATERMAN AVENUE EAST PROVIDENCE, RI 02914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, JESSIE L C/O 990 WATERMAN AVENUE EAST PROVIDENCE, RI 02914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joanne C. Kennedy President 2/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #