

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 007 ***150.00

DOCUMENT # F07000002554

1. Entity Name
KENSINGTON FINANCE, INC.



Principal Place of Business
1930 WEST STREET SUITE 100
ANNAPOLIS, MD 21401

Mailing Address
1930 WEST STREET SUITE 100
ANNAPOLIS, MD 21401



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1657486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

3. 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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JJ MANAGEMENT SERVICES, INC.
STREET ADDRESS	1930 WEST STREET SUITE 100
CITY-STATE-ZIP	ANNAPOLIS, MD 21401
TITLE	VCD
NAME	FITZGERALD, JOHN J III
STREET ADDRESS	6364 WINPENNY DR
CITY-STATE-ZIP	FREDERICK, MD 21702
TITLE	DPT
NAME	CASH, JAMES W
STREET ADDRESS	14747 SPLIT TREE CIRCLE 14921 SPRINGFIELD RD
CITY-STATE-ZIP	ROTHOMAC, MD 20854 DARNESTOWN MD 20874
TITLE	DS
NAME	FITZGERALD, DOROTHY M
STREET ADDRESS	9624 GLENCREST LANE
CITY-STATE-ZIP	KENSINGTON, MD 20895
TITLE	VP
NAME	GARNETT, BRENT R
STREET ADDRESS	267 SOUTHDAL CT
CITY-STATE-ZIP	DUNKIRK, MD 20754
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

2. 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: BRENT R. GARNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2008 888-381-5702
Date Daytime Phone #