

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F26976

1. Entity Name
KENNEDY LAKES, INC.



FILED
Jan 10, 2008 08:00 AM
Secretary of State

Principal Place of Business
226 PALAFOX PLACE
NINTH FLOOR
PENSACOLA, FL 32502 US

Mailing Address
P.O. BOX 1831
PENSACOLA, FL 32591-1831 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2070716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHELL, STEPHEN B.
226 SOUTH PALAFOX ST
9TH FLOOR
PENSACOLA, FL 32502

**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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHELL, DAVID A. 115 HIGHPOINT DR GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELL, KAREN L. 3905 SCENIC HWY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SHELL, STEPHEN B 226 PALAFOX PL, 9TH FLOOR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELL, T SCOTT 3905 SCENIC HWY PENSACOLA, FL 32504
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

850 434 2411

Daytime Phone #