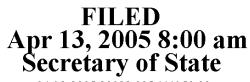
## **2005 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # F80054

SIGNATURE:



DOCUMENT # F80054  1. Entity Name KENWORTH OF CENTRAL FLORIDA, INC.						04-13-2005 90023 005 ***150.00						
	e of Business H ORANGE BLOSSOM TRAIL L 32804		Mailing Address  1800 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804									
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			022420	05 Chg-P	CR2E00	34 (10/03)			
City & State		City & State	City & State			4. FEI Number         Applied For           59-2192452         Not Applicable				·		
Zip	Country	Zip ·	Count	ry		5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
						Name						
O'BRIEN, R MICHAEL 1800 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32804					Street Address (P.O. Box Number is Not Acceptable)							
CAB #450,1 E 02004												
					City FL Zip Code							
	named entity submits this statement tions of registered agent.	for the purpose of changing i	ts registere	d office or re	egistere	ed agent, o	both, in the State of f	Florida. I am f	amiliar with,	and accept		
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable (FK	TE: Registered	Agent signature	required :	when reinstating	<u> </u>	DATE				
<del>  ,</del>		1					<i>.</i>					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Co		cing		00 May Be ed to Fees	•					
10.	. • OFFICERS AN	D DIRECTORS	. 11.			ADDITIC	NS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS	D SUTTON, ROBERT E 1800 N. ORANGE BLOSSOM T	☐ Delete	TITLE NAME SIRE						☐ Change	☐ Addition		
CITY-ST-ZIP	ORLANDO, FL 32804			\$T - ZiP								
TITLE NAME	VPS HASLET, BARRY J	☐ Delete	TITLE	: ,	Has	slett,	Barry J.		☐ Change	☐ Addition		
STREET ADDRESS CITY-SI-ZIP	1800 N. ORANGE BLOSSOM T ORLANDO, FL 32804	-	1 - "	ST-ZIP		-	·					
TITLE	P POREDTE ID	☐ Delete	TITLE						☐ Change	Addition		
NAME STREET ADDRESS	SUTTON, ROBERT E JR 1800 N. ORANGE BLOSSOM T	-	NAME	ET ADDRESS						ŀ		
CITY-ST-ZIP	ORLANDO, FL 32804			ST-ZIP						ļ		
TITLE	s	☐ Delete	TITLE				0 m /		Change	Addition		
NAME	O'BRIEN, MICHAEL R		NAME		) <i>:U</i>	rien,	R. Michae	*/				
STREET ADDRESS CITY-ST-ZIP	1800 N. ORANGE BLOSSOM T ORLANDO, FL 32804			ET ADDRESS ST-ZiP								
TITLE	ORLANDO, PL 32004	☐ Delete	TITLE						☐ Change	☐ Addition		
NAME	44	TTI Delete	NAME	l l					☐ Change	☐ AGUISIOSI		
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP			CiTY-	ST - ZIP								
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition		
NAME			NAME	I						1		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP								
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that powered to execute this repo	t my signat rt as requir	ure shall havi	e the s	ame legal c	effect as if made unde	r oath: that La	m an officer.	or director		