

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 002 ***150.00

DOCUMENT # F90668 1. Entity Name KENNETH R. TATE ENTERPRISES, INCORPORATED					
Principal Place of Business 11019 CLAY PIT ROAD TAMPA, FL 33610			Mailing Address 11019 CLAY PIT ROAD TAMPA, FL 33610		
2. Principal Place of Business 5213 Williams Road		3. Mailing Address P.O. Box 1022			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TAMPA, FL		City & State MANGO, FL		4. FEI Number 59-2240496	
Zip 33610		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TATE, KENNETH R. 11019 CLAY PIT ROAD TAMPA, FL 33610			7. Name and Address of New Registered Agent Name Kenneth R. Tate Street Address (P.O. Box Number is Not Acceptable) 5213 Williams Road City TAMPA FL Zip Code 33610		
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 <u>Kenneth R. Tate</u> (NOTE: Registered Agent signature required when restate) <u>4/27/06</u> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TATE, KENNETH R 11019 CLAY PIT RD TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Kenneth R Tate 5213 Williams Road TAMPA, FL 33610
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TATE, KAYE H. 11019 CLAY PIT RD. TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D KAYE H. TATE 5213 Williams Road TAMPA, FL 33610
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Kenneth R. Tate, Pres</u> <u>Kenneth R Tate</u> <u>4/27/06</u> ⁸¹³ <u>626 7407</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					