

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H55680

1. Entity Name:
KENSU ENTERPRISES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 SEP 12 PM 2:56

08-20-07 01019 011 35.0



08232007 Chg-P CR2E034 (12/06)

Principal Place of Business
**6201 4TH STREET NORTH
ST. PETERSBURG, FL 33702 US**

Mailing Address
**6201 4TH STREET NORTH
ST. PETERSBURG, FL 33702 US**

2. Principal Place of Business - No P.O. Box #
6749 US 19 N

3. Mailing Address
1312 74TH CIRCLE NE

Suite, Apt. #, etc.

City & State
PINELLAS PARK FL

City & State
ST PETERSBURG FL

Zip
33781

Country
US

Zip
33702

Country
US

4. FEI Number
59-2550392

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUERLE, FREDERICK
6201 4TH STREET NORTH
ST. PETERSBURG, FL 33702**

7. Name and Address of New Registered Agent

Name
BAUERLE, FREDERICK

Street Address (P.O. Box Number is Not Acceptable)
1312 74TH CIRCLE NE

City
ST PETERSBURG

FL

Zip Code
33702

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 _____

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PRES BAUERLE, FREDERICK % 6201 4TH STREET NORTH ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1312 74TH CIRCLE NE ST PETERSBURG FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAUERLE, KATHRYN % 6201 4TH STREET NORTH ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1312 74TH CIRCLE NE ST PETERSBURG FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BAUERLE, CHRISTOPHER % 6201 4TH STREET N ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	321 N.E. BLVD N ST PETERSBURG FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY BAUERLE, MICHELLE % 6201 4TH STREET N ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	321 N.E. BLVD N ST PETERSBURG FL 33702 <input checked="" 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	800109702448 09/20/07--01027--011 **26.25 <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: Kathryn Bauerle **8/31/07** **727-526-0550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #