2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # H71912

1. Entity Name
C.J.F. KENRICK, INC.

Principal Place of Business
6915 RED ROAD #211
CORAL GABLES, FL 33143

Mailing Address
6915 RED ROAD #211
CORAL GABLES, FL 33143

03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2563470
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTI, JR. C
6915 RED ROAD
SUITE 211
CORAL GABLES, FL 33143

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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, 2004 Fee will be $550.00

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

U00000143470
04/30/04-80094-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, JAMES W.
STREET ADDRESS	6915 RED ROAD #211
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	STD
NAME	VALENTI, CHAS J. JR.
STREET ADDRESS	6915 RED ROAD #211
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	VALENTI, FRANK J.
STREET ADDRESS	6915 RED ROAD #211
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	DE TCHON, ROBERT S.
STREET ADDRESS	6915 RED ROAD #211
CITY-ST-ZIP	CORAL GABLES, FL
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 exemption stated in Section 119.07(3)(i), 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: _____ CHARLES VALENTI 4/23/04 (305) 284-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #