2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

813-240-1078

DOCUMENT # J15625 1. Entity Name KEN'S HOMEWORK OF TAMPA, INC.								04-13-2005	90051 03	37 ***150).00	
Principal Place of Business 12208 WOOD DUCK PLACE TAMPA, FL 33617			12	Mailing Address 12208 WOOD DUCK PLACE TAMPA, FL 33617								
2. Principal P	Place of Busin	ess	3. M	3. Mailing Address								
Suite, Apt. #, etc.				uite, Apt. #, etc.		01122005	Chg-P	CR2E0	34 (10/03)	,		
City & State			Ci	ty & State		4. FEI Numb	-			oplied For ot Applicable		
Zip — Country			Zi	р	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required						
Name and Address of Current Registered Agent							7. Name and	Address of New I	Registered A	Agent		
BOCCBC	KEN					Name						
ROGERS, KEN 12208 WOOD DUCK PLACE TAMPA, FL 33617						Street Address	s (P.O. Box Numb	P.O. Box Number is Not Acceptable)				
						City	₽ Zip Code				e	
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 rehistered agent.												
and the first of the second of												
SIGNATURE TO A MAN DE CONTROL OF SIGNATURE TO PROPERTY OF THE SIGNATURE TO SIGNATURE SIG												
						,						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							5.00 May Be dded to Fees		,	•		
10.	OFFICERS AND DIRECTORS 11						ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	PD Delete IIII.									Change	☐ Addition	
NAME CTREET ADDRESS	ME ROGERS, KEN REET ADDRESS 12208 WOOD DUCK PL				NAM CTRE	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE	<u> </u>			☐ Delete	TITLE	E				☐ Change	Addition	
MAME					MAM	-						
STREET ADDRESS	1					ET ADDRESS			•			
CITY-ST-ZIP	<u> </u>				_	-ST-ZIP	 			: Choose	"["] Lastition	
NAME		· -		□ Deleta	NAM					Change	Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	тпц					Change	☐ Addition	
NAME CYDCET ADDRESS					NAM	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLE	<u> </u>			vannuu	Change	Addition	
NAME					NAM	E						
STREET ADDRESS	ļ					ET ADDRESS	•					
CITY-ST-ZIP						-ST-ZIP						
TITLE NAME				☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS						ET ADDRESS		•				
CITY-ST-ZIP						-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 trustpe 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 any address, with all other like empowered.												