

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-12-2004 90028 005 ***163.75

DOCUMENT # K61968	
1. Entity Name KEN CUNNINGHAM, INC.	

Principal Place of Business 1546 SPRING LANE HOME LAKE PLACID FL 33852	Mailing Address 1546 SPRING LANE HOME LAKE PLACID FL 33852
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66403758



MOORE CR2E034 (11/03)

2. Principal Place of Business 1546 SPRING LANE	3. Mailing Address 1546 SPRING LANE
Suite, Apt. #, etc. HOME	Suite, Apt. #, etc. HOME
City & State LAKE PLACID, FL	City & State LAKE PLACID FL
Zip 33852	Zip 33852
Country HIGHLANDS	Country HIGHLANDS

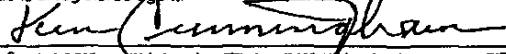
4. FEI Number 65-0096806	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUNNINGHAM, KEN 74 N.E. 103RD STREET MIAMI SHORES FL 33138	
MOVED TO LAKE PLACID FL 33852	

7. Name and Address of New Registered Agent Name CUNNINGHAM, KEN	
Street Address (P.O. Box Number is Not Acceptable) HOME	
1546 SPRING LANE	
City LAKE PLACID FL	Zip Code 33852

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 	DATE 2/9/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00. Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☒ Delete	TITLE P	☒ Change ☐ Addition
NAME CUNNINGHAM, KEN		NAME KEN CUNNINGHAM	
STREET ADDRESS 74 N.E. 103RD STREET		STREET ADDRESS 1546 SPRING LANE	
CITY-ST-ZIP MIAMI SHORES FL		CITY-ST-ZIP LAKE PLACID FL 33852	
TITLE ST	☒ Delete	TITLE S+T	☒ Change ☐ Addition
NAME CUNNINGHAM, MARIA B.		NAME MARIA B CUNNINGHAM	
STREET ADDRESS 74 N.E. 103RD STREET		STREET ADDRESS 1546 SPRING LANE	
CITY-ST-ZIP MIAMI SHORES FL		CITY-ST-ZIP LAKE PLACID FL 33852	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	(863) 465-1234 (2/9/04)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 03 Daytime Phone #

KEN CUNNINGHAM