


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90034 018 ***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		
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		City & State LAKE PLACID			
Zip 33852		Country HIGHLANDS		Zip 33852	
Country HIGHLANDS		Country HIGHLANDS			
6. Name and Address of Current Registered Agent CUNNINGHAM, KEN HOME 1546 SPING LANE 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		
State 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 <u><i>Ken Cunningham</i></u> DATE <u>2/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CUNNINGHAM, KEN STREET ADDRESS 1546 SPRING LANE CITY-ST-ZIP LAKE PLACID FL 33852	<input type="checkbox"/> Delete		TITLE P NAME KEN CUNNINGHAM STREET ADDRESS 1546 SPRING LANE CITY-ST-ZIP LAKE PLACID FL 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME CUNNINGHAM, MARIA B. STREET ADDRESS 1546 SPRING LANE CITY-ST-ZIP LAKE PLACID FL 33852	<input type="checkbox"/> Delete		TITLE ST NAME MARIA B CUNNINGHAM STREET ADDRESS 1546 SPRING LANE CITY-ST-ZIP LAKE PLACID FL 33852	<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	
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 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: *Ken Cunningham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 (863) 465-6323
Date Daytime Phone #