


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L31723 1. Entity Name KENNERLY GARDENS I, INC.	
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Principal Place of Business 3465 PONKAN PINES RD APOPKA, FL 32712 US	Mailing Address 3465 PONKAN PINES RD APOPKA, FL 32712 US
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0160833	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KENNERLY, MARION M III 3465 N. PONKAN PINES RD APOPKA, FL 32712
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000090392 03/17/04-80016-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNERLY, MARION M., III 3465 N. PONKAN PINES RD APOPKA, FL 32712
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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: <i>Marion M. Kennerly III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>3-14-04</i> <small>Date</small>	<i>467 889 0944</i> <small>Daytime Phone #</small>
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