2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # L32363 1. Entity Name KENSINGTON VILLAS, INC.			Secretary of State		
Principal Place of Business	Mailing Address	""	Ţ		
7984 4TH AVE. S. P.O. BOX 40724 ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33743-07		0724			
					REBUI BUBUI BUBUI BUBUI BUBUI BUBUI DI KATA
DO NOT WRITE IN THIS SPACE			04192004	No Chg-P	CR2E034 (10/03)
DO NOT WHITE IN THIS SPA		UE.	4. FEI Number 59-29845	95	Applied For Not Applicable
			5. Certificate of 8	Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					
BERNARD, GREEN 7984 4TH AVE. S. ST PETERSBURG, FL 33707		DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the the obligations of registered agent	purpose of changing its register	ed office or registe	ered agent, or both, i	n the State of Flor	ida. I am familiar with, and accept
SIGNATURE					
Signature typed or printed name of registered agent and titl	le if applicable (NOTE Registere	d Agent signature require	ed when (einstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be ided to Fees	nnfiffii l	1148 39 0
10. OFFICERS AND DIRECTORS					80145-008 150.00
(

10. OFFICERS AND DIRECTORS

ITILE DPTV

NAME GREEN, BERNARD

STREET ADDRESS

GITY-ST-ZIP ST. PETERSBURG, FL 33707

ITILE

DO NOT WRITE IN THIS SPACE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

TOTALE
T

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 anothat 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:

NAME STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME