

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38087

FILED
Jun 14, 2004
Secretary of State

Entity Name: THE KENT GROUP, INC.

Current Principal Place of Business:

%JOHN R CRAWFORD
225 WATER ST #900
JACKSONVILLE, FL 32202

Current Mailing Address:

%JOHN R CRAWFORD
225 WATER ST #900
JACKSONVILLE, FL 32202

New Principal Place of Business:

%JOHN R CRAWFORD
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32207

New Mailing Address:

%JOHN R CRAWFORD
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32207

FEI Number: 59-2992996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
225 WATER ST #900
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32207

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.

SIGNATURE: JOHN R. CRAWFORD

06/14/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KUHN, BOWIE K,
Address: 136 TEAL POINTE LANE
City-St-Zip: PONTE VEDRA BCH, FL

Title: D () Delete
Name: KUHN, LOUISE H,
Address: 136 TEAL POINTE LANE
City-St-Zip: PONTE VERDA BCH, FL

Title: S () Delete
Name: CRAWFORD, JOHN R.,
Address: 225 WATER STREET, #900
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CRAWFORD, JOHN R.,
Address: 1200 RIVERPLACE BLVD., SUITE 800
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. CRAWFORD

S

06/14/2004

Electronic Signature of Signing Officer or Director

Date