


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90045 010 \*\*\*150.00

<b>DOCUMENT # P00000037882</b> 1. Entity Name <b>KENNEDY AND MALONI, INC.</b>			
Principal Place of Business <b>10615 RIVEVIEW DRIVE RIVERVIEW, FL 33569</b>		Mailing Address <b>10615 RIVEVIEW DRIVE RIVERVIEW, FL 33569</b>	
2. Principal Place of Business - No P.O. Box <b>10615 Riveview Dr.</b>		3. Mailing Address <b>10615 Riveview Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Riverview, FL</b>		City & State <b>Riverview, FL</b>	
Zip <b>33578</b>		Zip <b>33578</b>	
Country 		Country 	
4. FEI Number <b>59-3643302</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KENNEDY, SONYA 10615 RIVEVIEW DRIVE RIVERVIEW, FL 33569</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KENNEDY, SONYA 10615 RIVEVIEW DRIVE RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KENNEDY, ROBERT JR 11109 ELLIOT ST RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <u>Sonya Kennedy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	