


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90002 046 ***158.75

DOCUMENT # <u>P00000039163</u>	
1. Entity Name <u>K.R. JENNINGS & ASSOC., INC.</u>	

DO NOT WRITE IN THIS SPACE

54024105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>155 AUDUBON BLVD.</u> Suite, Apt. #, etc.	3. Mailing Address <u>155 AUDUBON BLVD</u> Suite, Apt. #, etc.
City & State <u>NAPLES, FL</u>	City & State <u>NAPLES, FL</u>
Zip <u>34110</u> Country <u>COLLIER</u>	Zip <u>34110</u> Country <u>COLLIER</u>

4. FEI Number <u>59-3642234</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>KEITH R. JENNINGS</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>155 AUDUBON BLVD.</u>	
City <u>NAPLES</u>	FL Zip Code <u>34110</u>

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)</small>	DATE <u>3/25/04</u>
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January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>KEITH R. JENNINGS</u> <u>155 AUDUBON BLVD</u> <u>NAPLES, FL 34110</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>HEATHER B. JENNINGS</u> <u>155 AUDUBON BLVD</u> <u>NAPLES, FL 34110</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>3/25/04</u>	Daytime Phone # <u>239-287-5337</u>
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CR2E034B (12/02)