

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90565 022 ***150.00

DOCUMENT # P00000097161

1. Entity Name

KENNEDY, ENLOW & DOTY, P.A.



Principal Place of Business

~~1108 WOODLEY RD.~~
~~CLEARWATER FL 33764~~

Mailing Address

~~1108 WOODLEY RD.~~
~~CLEARWATER FL 33764~~

24034010



MOORE

CR2E034 (11/03)

2. Principal Place of Business

405 20th AVE

3. Mailing Address

405 20th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIAN Rocks Beach FL

City & State

INDIAN Rocks Beach FL

4. FEI Number

59-3668902

Applied For
Not Applicable

Zip

33785

Country

Pinellas

Zip

33785

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, MICHELLE
1108 WOODLEY RD.
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name Michelle Kennedy

Street Address (P.O. Box Number is Not Acceptable)

405 20th AVE

City INDIAN Rocks Beach FL Zip 33785

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 : CEO ☐ Delete
NAME : KENNEDY, MICHELLE L
STREET ADDRESS : ~~1108 WOODLEY ROAD~~ 405 20th AVE
CITY-ST-ZIP : ~~CLEARWATER FL 33764~~ INDIAN Rocks Beach

TITLE : FI, 33785 ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Delete
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STREET ADDRESS :
CITY-ST-ZIP :

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TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
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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: Michelle L. Kennedy CEO Michelle L. Kennedy CEO 4-21-04 727-596-5582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #