

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000014642

1. Entity Name

KENSINGTON BANKSHARES, INC.



Principal Place of Business

13246 N. DALE MABRY
TAMPA, FL 33624

Mailing Address

13246 N. DALE MABRY
TAMPA, FL 33624



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3709535

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J ESQ.
201 NORTH FRANKLIN STREET
SUITE 2600
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARCHIBALD, GERALD MR.
STREET ADDRESS 4611 RUE BORDEAUX AVENUE
CITY-ST-ZIP LUTZ, FL 33558

TITLE D
NAME BLACKWELL, GARY L
STREET ADDRESS 6915 STATE ROAD 54
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE D
NAME MITCHELL, DEWEY D
STREET ADDRESS 8600 STATE ROAD 54
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE D
NAME HOCKMAN, RONALD S
STREET ADDRESS 14141 STONEGATE DR.
CITY-ST-ZIP TAMPA, FL 33624

TITLE ST
NAME BENDER JR., WILLIAM R
STREET ADDRESS 4211 W. SAN RAFAEL ST
CITY-ST-ZIP TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000380204
01/11/06-80002-022 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. BENDER, JR.

Date

Daytime Phone #

1/5/2006 (813) 961-6200