2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2006 08:00 AN DOCUMENT # P01000060240 Entity Name **Secretary of State** KENDUCK IZQUIERDO SUPPORT SERVICES, INC. Mailing Address Principal Place of Business 21148 SW RAINTREE ST DUNNELLON FL 34431 21148 SW RAINTREE ST **DUNNELLON FL 34431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3734234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENDUCK, BRENDA Street Address (P.O. Box Number is Not Acceptable) 21148 SW RAINTREE ST **DUNNELLON FL 34431** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Detete THE U00000535468 □ Change Addition NAME KENDUCK, BRENDA NAME 05/08/06-80054-007 158.75 STREET ADDRESS 21148 SW RAINTREE ST STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition IZQUIERDO, PETER STREET ADDRESS 20190 SW 77TH ST STREET ADDRESS DUNNELLON FL 34431 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete ☐ Change ☐ Addition Tm.F MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST - ZAP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Delete TITLE Change Addition BILE NAME NAME STREET ADDRESS STREET ADORESS CiTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that may 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 for trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other files empowered.