2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000080073 06-13-2006 90001 045 ***150.00 1. Entity Name BISHOP KENNEY, INC. Principal Place of Business Mailing Address 50021356 2932 MAGNOLIA RD. 2932 MAGNOLIA RD. ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 2. Principal Place of Business 2 DAD 3. Mailing Address 3600 Peoria Road Suite, Apt. #, etc. Suite, Apt. #, etc. 05032006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number FI Orange PARK 59-3738855 Urana e Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 35065 ay lau 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENNEY, FRANK III Street Address (P.O. Box Number is Not Acceptable) 2932 MAGNOLIA RD. ORANGE PARK, FL 32065 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 Francis enney IIP 6/10/06 SIGNATI (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE ☐ Change ☐ Addition NAME KENNEY, FRANK III NAME 2932 MAGNOLIA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 3 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

FILED Jun 13, 2006 8:00 am

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