## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 19, 2004 8:00 am Secretary of State

DOCUMENT # P01000092029  1. Entity Name KENTON TECHNOLOGY, INC.					03-19-2004 90034 008 ***150.00					
Principal Place of Business Mailing Address 3819 36 AVE EAST 3819 36 AVE EAST						8.6	02009	17		
PALMETTO, FL 34221 PALMETTO, FL 34221						ح ح 11				
2. Principal Place of Business 307 RV & Roal N.E.	3. Mailing Address	Rief			;   <b>             </b>					
Suite, Apt. #, elic.	Suite, Apt. #, etc.				03092004	Chg-P	CR2E03	4 (10/03)		
City & State Brelanton FL	City & State Bre Low to h	ţ۲			4. FEI Numb			No	plied For t Applicable	
Zip Country 342/2 Manites	ZID 3 Y Z 1 Z	Men.				of Status Desired		8.75 Add		
6. Name and Address of Current	Registered Agent				7. Name an	d Address of New I	Registered A	gent		
SCHNEIDER, ANTOINETTE 3819 36 AVE EAST PALMETTO, FL 34221			Name Street Ac	ddress (F	P.O. Box Numb	Antoinett per is Not Acceptable				
		-	City R	rada	ye K	0 S A	FL	Zip Cod	e 2	
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 the if applicable. (NOTI	E: Registered	Agent signetu	re required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont		cing 🗀		00 May Be ed to Fees					
10. OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE PD	☐ Delete	TITLE		5.	سا المحد	Antoi nett		Change	Addition	
NAME SCHNEIDER, ANTIONETTE		NAME		207	1 5 4 -	bad W.E.				
STREET ADORESS 3819 36 AVE EAST CITY-SI-ZIP PALMETTO, FL 34221			T ADORESS ST-ZIP			FC 34242	-			
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NAME SCHNEIDER, KENT STREET ADDRESS 3819 36 AVE EAST		NAME	T ADORESS	307	Rye 1	Cred H.E.				
CITY-ST-ZIP PALMETTO, FL 34221			5T-ZIP	Brel	enton	FL 34212				
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STREET ADDRESS			T ADDRESS							
CITY-ST-ZIP			ST-ZIP							
<ol> <li>I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp changed, or on an attachment with an address,</li> </ol>	s true and accurate and that r owered to execute this report	my signati t as requir	ure shall h:	ave the s	same lenal elle	ici as il made under	oain: mai i a	m an onice	DI GILECTOI	

SIGNATURE: / Kant Silverde

7/15/04 Destine