


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90124 042 \*\*\*150.00

<b>DOCUMENT # P02000037855</b>	
1. Entity Name <b>KEN DRUGS, INC.</b>	

Principal Place of Business <b>1612 W WATERS AVE TAMPA, FL 33604</b>	Mailing Address <b>1612 W WATERS AVE TAMPA, FL 33604</b>
---	---

2. Principal Place of Business <b>4730 N. HABANA AVE</b>	3. Mailing Address <b>4730 N. HABANA AVE</b>
Suite, Apt. #, etc. <b>101</b>	Suite, Apt. #, etc. <b>101</b>
City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33614</b>	Country

14018500



07072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3646513</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SHOBOLA, KENNETH O 10004 N. DALE MABRY SUITE 112 TAMPA, FL 33618</b>	7. Name and Address of New Registered Agent Name <b>SHOBOLA, KENNETH O.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4730 N. HABANA AVE</b> <b>101</b> City <b>TAMPA</b> FL Zip Code <b>33614</b>
--	--

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  **KENNETH O. SHOBOLA** DATE **7/7/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOBOLA, KENNETH 16008 MUIRFIELD DR ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **KENNETH O. SHOBOLA, PRES** DATE **7/7/05** (813) 4265419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR