

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90009 009 ***150.00

DOCUMENT # P02000079236

1. Entity Name

KEN HUSKEY ENTERPRISES, INC.



Principal Place of Business

**1030 US 41 BYPASS SOUTH
VENICE FL 34292**

Mailing Address

**108 COLONIA LANE WEST
NOKOMIS FL 34275**

2. Principal Place of Business

1030 US 41 BYPASS SOUTH

3. Mailing Address

108 Colonia Lane West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Nokomis, FL 34275

Zip

34292

Country

Se145012

Zip

34275

Country

SareSota

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUSKEY, KENNETH E
108 COLONIA LANE WEST
NOKOMIS FL 34275**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

NO Change

02-05-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDSP
HUSKEY, KENNETH E
108 COLONIA LANE WEST
NOKOMIS FL 34275**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-05-04 941-4089012