
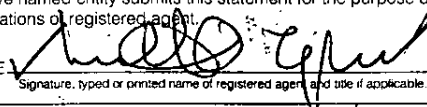
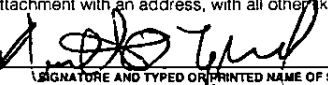


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90060 006 \*\*\*150.00

DOCUMENT # P02000122396					
1. Entity Name <b>KENCO REALTY INC.</b>					
Principal Place of Business <b>3310 SAN JOSE ST TAMPA, FL 33629</b>			Mailing Address <b>3310 SAN JOSE ST TAMPA, FL 33629</b>		
2. Principal Place of Business <b>6804 S. ELEMETA ST.</b>		3. Mailing Address <b>6804 S. ELEMETA ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>51-0442501</b>	
Zip <b>33616-2509</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COPELAND, KENNETH D 3310 SAN JOSE ST TAMPA, FL 33629</b>			7. Name and Address of New Registered Agent Name <b>KENNETH D. COPELAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>6804 S. ELEMETA ST.</b> City <b>TAMPA</b> FL Zip Code <b>33616-2509</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  <b>KENNETH D. COPELAND, PRESIDENT</b> DATE <b>3/12/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPELAND, KENNETH D 3310 SAN JOSE ST TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNETH D. COPELAND 6804 S. ELEMETA ST. TAMPA, FL 33616-2509 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COPELAND, MARGARET M 3310 SAN JOSE ST TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARGARET M. COPELAND 6804 S. ELEMETA ST. TAMPA FL 33616-2509 <input checked="" 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:  <b>KENNETH D. COPELAND</b> DATE <b>3/12/05</b> DAYTIME PHONE # <b>459-7557</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					