


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90003 046 \*\*\*150.00

<b>DOCUMENT # P03000004553</b>				
1. Entity Name <b>KENCON CORPORATION</b>				
Principal Place of Business <b>217 N. WESTMONTE DRIVE SUITE 3021 ALTAMONTE SPRINGS, FL 32714</b>		Mailing Address <b>217 N. WESTMONTE DRIVE SUITE 3021 ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



02162004 Chg-P CR2E034 (10/03)

4. FEI Number <b>41-2094145</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>DAVIDSON, RICHARD D 450 S ORANGE AVE STE 800 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>Kenneth S. Gluckman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001 N. Lake Destiny Blvd</b> Suite <b>300</b> City <b>Maitland</b> FL Zip Code <b>32751</b>	
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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 S Gluckman** (NOTE: Registered Agent signature required when reinstating) DATE **2/26/04**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENNEDY, ROGER B JR 270 S NORTH LAKE BLVD STE 1004 ALTAMONTE SPRINGS, FL 32701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P KENNEDY, ROGER B. JR. 217 N. WESTMONTE DRIVE SUITE 3021 Altamonte Spgs, FL 32714</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENNEDY, ROGER B SR 270 S NORTH LAKE BLVD STE 1004 ALTAMONTE SPRINGS, FL 32701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENNEDY, ROGER B. SR. 217 N. WESTMONTE DRIVE SUITE 3021 Altamonte Spgs, FL 32714</b> <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
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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 **Roger B Kennedy Jr** 2/17/04 407 978-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #