


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2005 90124 044 ***150.00

DOCUMENT # P03000024434	
1. Entity Name KENNEDEE ENTERTAINMENT, INC.	

Principal Place of Business 1612 W. WATERS AVENUE TAMPA, FL 33604	Mailing Address 1612 W. WATERS AVENUE TAMPA, FL 33604
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2. Principal Place of Business 4730 N. HABANA AVE	3. Mailing Address 4730 N. HABANA AVE
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State TAMPA FL	City & State TAMPA FL
Zip 33614	Zip 33614
Country	Country

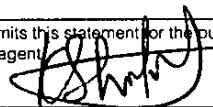
07072005 Chg-P CR2E034 (10/03)

4. FEI Number
74-3082355

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

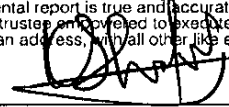
SIGNATURE  **KENNETH O. SHOBOLA** DATE **7/7/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOBOLA, KENNETH 1612 W. WATERS AVENUE TAMPA, FL 33604 <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
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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

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** Daytime Phone **(813) 426 5419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR