

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90129 012 \*\*\*150.00

DOCUMENT # P03000034557



1. Entity Name  
 PAUL ROGERS KENNEDY, P.A.

Principal Place of Business: 2600 N. MILITARY TRAIL, STE. #207 BOCA RATON, FL 33431  
 Mailing Address: 2600 N. MILITARY TRAIL, STE. #207 BOCA RATON, FL 33431

66430736



2. Principal Place of Business: 11891 US HWY ONE, Suite, Apt. #, etc. 100  
 3. Mailing Address: P.O. Box 1043, Suite, Apt. #, etc.

05032004 Chg-P CR2E034 (10/03)

City & State: North Palm Beach FL, Palm Beach FL  
 Zip: 33408, 33480, Country

4. FEI Number: 432 00 7503  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: KENNEDY, PAUL R, 2600 N. MILITARY TRAIL, STE. #207 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent: Name: Paul R Kennedy Esq, Street Address (P.O. Box Number is Not Acceptable): 11891 US HWY ONE, suite 100, City: No. Palm Beach FL, Zip Code: 33408

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] DATE: 4/29/04  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Paul R Kennedy	11891 US HWY ONE suite 100	North Palm Beach, FL 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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] DATE: 7/26/04 DAYTIME PHONE #: 561-622-2700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Kennedy