


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 MAY 11 AM 8:22


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000034557 1. Entity Name PAUL ROGERS KENNEDY, P.A.	
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Principal Place of Business 11891 US HWY ONE 100 NORTH PALM BEACH, FL 33408	Mailing Address P.O. BOX 1043 PALM BEACH, FL 33480
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2. Principal Place of Business 250 NE 12 th Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1043 Suite, Apt. #, etc.
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City & State Delray Beach FL Zip 33444 Country	City & State Palm Beach FL Zip 33480 Country
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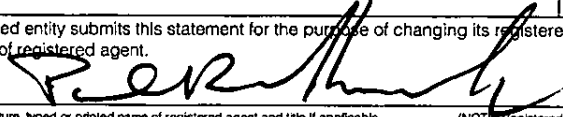


04282005 Chg-P CR2E034 (10/03) *MRS*

4. FEI Number 43-2007503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KENNEDY, PAUL R EQU 11891 US HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 NE 12 th Street City Delray Beach FL Zip Code 33444
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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.

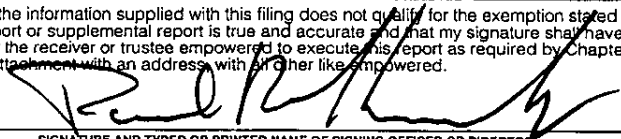
SIGNATURE:  DATE: 4/29/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P KENNEDY, PAUL R 11891 US HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 1043 Palm Beach FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 another like empowered.

SIGNATURE:  DATE: 4/29/05 DAYTIME PHONE: 561 445 4235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR