


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034557

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



FILED
07 JUN -8 AM 11:04
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
250 NE 12TH STREET
DELRAY BEACH, FL 33444

Mailing Address
P.O. BOX 1043
PALM BEACH, FL 33480



2. Principal Place of Business - No P.O. Box #
631 US HWY ONE E
Suite, Apt. #, etc.
Suite 403

3. Mailing Address
Suite, Apt. #, etc.

05082007 Chg-P CR2E034 (12/06)

City & State
North Palm Beach FL

City & State

Zip
33408

Country
USA
Palm Beach

4. FEI Number
43-2007503

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, PAUL R ESQ
~~250 NE 12TH STREET~~
~~DELRAY BEACH, FL 33444~~

Name
→ SAME

Street Address (P.O. Box Number is Not Acceptable)
631 US HWY ONE SUITE 403

City
North 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  DATE 6/4/2007

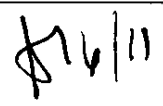
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, PAUL R PO BOX 1043 PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
400104425114 06/15/07--01025--024 **250.00	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 6/4/2007 DAYTIME PHONE # 561.445.4735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR