

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90047 026 ***150.00

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1. Entity Name
KENCON PROPERTY, INC.



Principal Place of Business
**205 HIGHLAND AVENUE
LEHIGH ACRES, FL 33972 US**

Mailing Address
**205 HIGHLAND AVENUE
LEHIGH ACRES, FL 33972 US**

20001073



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0066750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONNER, RALPH B
205 HIGHLAND AVENUE
LEHIGH ACRES, FL**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**P,S
EDWARDS, LINDA S
207 HIGHLAND AVE.
LEHIGH ACRES,, FL 33972**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
KENDALL, STEPHAN J
P. O. BOX 7817
FORT MYERS, FL 33911**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CONNER, RALPH B
205 HIGHLAND AVE.
LEHIGH ACRES, FL 33972**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Ralph B. Conner, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/05
Date

239-768-5379
Daytime Phone #