


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90015 004 \*\*\*150.00

**DOCUMENT # P03000094871**

1. Entity Name  
**THE KENNEDY CORPORATION**



Principal Place of Business      Mailing Address

**443 CASTLE DR  
 SUITE ONE  
 NAPLES, FL 34119**

**443 CASTLE DR  
 SUITE ONE  
 NAPLES, FL 34119**



2. Principal Place of Business      3. Mailing Address

**127 KIRTLAND DR**      **127 KIRTLAND DR**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE ONE**      **SUITE ONE**

02022004      Chg-P      CR2E034 (10/03)

City & State      City & State

**NAPLES FI**      **NAPLES FI**

4. FEI Number      Applied For

**20-0188605**       Not Applicable

Zip      Country      Zip      Country

**34110**      **USA**      **34110**      **USA**

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

6. Name and Address of Current Registered Agent

**CASTLE, JOHN  
 443 CASTLE DR  
 SUITE ONE  
 NAPLES, FL, 34119**

7. Name and Address of New Registered Agent

Name **JOHN CASTLE**

Street Address (P.O. Box Number is Not Acceptable)  
**127 KIRTLAND DR**

**SUITE ONE**

City **NAPLES**      FL      Zip Code **34110**

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: *John Castle*      DATE: \_\_\_\_\_

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**  
**After May 1, 2004 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 CASTLE, JOHN 443 CASTLE DR NAPLES, FL 34119 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KELLIE CASTLE 127 KIRTLAND DR NAPLES FI 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRES John Castle 127 KIRTLAND DR NAPLES, FI 34110 <input type="checkbox"/> Change <input checked="" 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
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: *John Castle*      John Castle      Date: \_\_\_\_\_      Daytime Phone #: **239-784-6712**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR