


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90020 031 \*\*\*150.00

<b>DOCUMENT #</b> P03000094947	
<b>1. Entity Name</b> JD KENNEDY, INC.	

<b>Principal Place of Business</b> <del>702 ERNEST DRIVE</del> <del>PORT ORANGE FL 32127</del>	<b>Mailing Address</b> <del>702 ERNEST DRIVE</del> <del>PORT ORANGE FL 32127</del>
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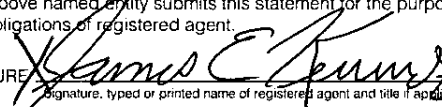
<b>2. Principal Place of Business</b> 4550 Clyde Morris Blvd Suite, Apt. #, etc. St D + E City & State Port Orange FL Zip 32119 Country Volusia	<b>3. Mailing Address</b> 4550 Clyde Morris Blvd Suite, Apt. #, etc. St D + E City & State Port Orange FL Zip 32119 Country US
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MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b> <del>HILL, DEBRA S</del> <del>8810 G GOODY'S EXECUTIVE DRIVE</del> <del>JACKSONVILLE FL 32217</del>	
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<b>7. Name and Address of New Registered Agent</b>	
Name	James E. Kennedy
Street Address (P.O. Box Number is Not Acceptable)	702 Ernest Drive
City	Port Orange FL 32127

<b>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.</b>	
SIGNATURE 	James E. Kennedy - PD 2/13/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	CLIFTON, RONALD D JR.
STREET ADDRESS	2134 POPE AVE.
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD
NAME	James E. Kennedy (this should have been there already filed)
STREET ADDRESS	702 Ernest Drive
CITY-ST-ZIP	Port Orange FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.**

<b>SIGNATURE:</b> 	James E. Kennedy - PD 2-13-04 3867601-1311
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