

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000102387

1. Entity Name
KENNETH F. MICHAEL INVESTMENTS, INC.



Principal Place of Business
**663 LAKEVIEW CIR W
DELRAY BEACH, FL 33445 US**

Mailing Address
**663 LAKEVIEW CIR W
#B
DELRAY BEACH, FL 33445 US**



07142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0339233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLEISHNER, KENNETH M
663 LAKEVIEW CIRCLE
DELRAY BEACH, FL 33445**

**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]

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

(NOTE: Registered Agent signature required when reinstating)

UD00000570905
07/18/2006 158.75
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | DP |
| NAME | FLEISHNER, KENNETH M |
| STREET ADDRESS | 663 LAKEVIEW CIRCLE W |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/06 561-373-4981
Date Daytime Phone #