

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 30, 2005
Secretary of State**

DOCUMENT# P03000119611

Entity Name: KENTEK FOUNDATION REPAIR INC.

Current Principal Place of Business:

1996 REAGAN RD.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1996 REAGAN RD.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 30-0212849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATE, SAMUEL K SR.
2006 REAGAN RD.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PATE, SAMUEL K SR.
Address: 2006 REAGAN RD.
City-St-Zip: NAVARRE, FL 32566 SA

Title: TREA () Delete
Name: PATE, JUDY C
Address: 2006 REAGAN RD.
City-St-Zip: NAVARRE, FL 32566

Title: VP () Delete
Name: SULLIVAN, JOESPH W.
Address: 1996 REAGAN RD.
City-St-Zip: NAVARRE, FL 32566 SA

Title: SEC () Delete
Name: FRIERSON, HUEY L
Address: 2006 B REAGAN RD.
City-St-Zip: NAVARRE, FL 32566 SA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: HARDIN, WILLIAM D JR.
Address: 1996 B REAGAN RD.
City-St-Zip: NAVARRE, FL 32566 SA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL K. PATE

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date