2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P03000124525 1. Entity Name 03-23-2005 90039 025 ***150.00 KEN HARRIS INC. Principal Place of Business Mailing Address 308 42 AVE EAST 308 42 AVE EAST BRADENTON FL 34208 APT #5 BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address 368 42nd Avo E SAMO Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 86-1093032 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34208 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, KEN 308:42 AVE EAST =Street Address (P.O. Box Number is Not Acceptable) == **BRADENTON FL 34208** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MILE Delete DDF ☐ Change ☐ Addition NAME HARRIS, KEN NAME STREET ADDRESS 308 42 AVE EAST STREET ADDRESS **BRADENTON FL 34208** CITY-\$1-20 CITY-SI-ZP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-74P DILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIIY-ST-ZP CITY-ST-ZIP TITLE -Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-71P TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deteta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-71P CITY-ST-ZIP 12. Thereby 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 eath; 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:

FILED