

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90018 036 ***150.00

DOCUMENT # P03000130413

1. Entity Name
KERNZ, INC.



Principal Place of Business Mailing Address

~~132 N OLD DIXIE HWY.~~ ~~18380 SW 57TH PLACE~~
~~LADY LAKE, FL 32159~~ ~~DUNNELLON, FL 34432~~ US

JUUUJ014



2. Principal Place of Business 3. Mailing Address

6170 CANNA LILY 6170 CANNA LILY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State City & State

HOMOSASSA FLORIDA HOMOSASSA FLORIDA

Zip Country Zip Country

34446 CITRUS 34446 CITRUS

4. FEI Number Applied For

56-2413796 Not Applicable

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

6. Name and Address of Current Registered Agent

~~KERNZ, DAWN~~
~~18380 SW 57TH PLACE~~
~~DUNNELLON, FL 34432~~

7. Name and Address of New Registered Agent

Name JAMES M. KERNZ

Street Address (P.O. Box Number is Not Acceptable)
6170 CANNA LILY

City HOMOSASSA FL Zip Code 34446

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] DATE 3-15-06

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	<u>D</u> <input checked="" type="checkbox"/> Delete
NAME	<u>KERNZ, DAWN</u>
STREET ADDRESS	<u>18380 SW 57TH PLACE</u>
CITY-ST-ZIP	<u>DUNNELLON, FL 34432</u>
TITLE	<u>D</u> <input type="checkbox"/> Delete
NAME	<u>KERNZ, JAMES M</u>
STREET ADDRESS	<u>18380 SW 57TH PL</u>
CITY-ST-ZIP	<u>DUNNELLON, FL 34432</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>← DELETE</u>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<u>PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>JAMES M. KERNZ</u>
STREET ADDRESS	<u>6170 CANNA LILY</u>
CITY-ST-ZIP	<u>HOMOSASSA FL 34446</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] JAMES M. KERNZ DATE 3-15-06 DAYTIME PHONE # 352-875-4373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #