


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000137498	
1. Entity Name KENNETH LEDFORD ENTERPRISES, INC.	

Principal Place of Business 1818 E WILLOW BRANCH LN SAINT AUGUSTINE, FL 32092	Mailing Address 1818 E WILLOW BRANCH LN SAINT AUGUSTINE, FL 32092
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1208904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEDFORD, KENNETH W 1818 E. WILLOW BRANCH LANE SAINT AUGUSTINE, FL 32092

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 <u><i>Kenneth W Ledford</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000903603 04/30/08-80051-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE D	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
NAME LEDFORD, KENNETH W	
STREET ADDRESS 1818 E WILLOW BRANCH LN	
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	
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 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: <u><i>Kenneth W Ledford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-12-08 904-230-2278 <small>Date Daytime Phone #</small>