## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P03000138311 1. Entity Name 04-28-2004 90187 008 \*\*\*150.00 JACK KENDRICK INC Principal Place of Business Mailing Address 1571 FERGUSON AV 1571 FERGUSON AV **DELTONA FL 32725 DELTONA FL 32725** 2. Principal Place of Business Mailing Address 62 Gundenia Suite, Apt, #, etc uite. Apt. #. etc. CR2E034 (11/03) MOORE City & State City & State 4. EEL Number Applied For 20023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required olusin 10LUSIA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent endi KENDRICK, JACK Street Address (P.O. Box Number is Not Acceptable) 1571 FERGUSON AV **DELTONA FL 32725** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1: 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITI F ☐ Change ☐ Addition TACK Kendrick 62 Bardenia Ct. NAME KENDRICK, JACK . NAME 1571 FERGUSON AV STREET ADDRESS STREET ADDRESS DELTONA FL 32725 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI.E Delete ☐ Change ☐ Addition NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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.

FILED

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