2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
04-20-2007 90091 042 ***150.00

DOCUMENT # P04000002426

1. Entity Name
KENNY LEE'S RECONDITIONED APPLIANCES, INC.

66014527

Principal Place of Business	Mailing Address
237 CAROLINE STREET CAPE CANAVERAL, FL 32920	237 CAROLINE STREET CAPE CANAVERAL, FL 32920

04122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2635 OVERLOOK CT.	2635 OVERLOOK CT.
Suite, Apt. #, etc	Suite Apt # etc
City & State: MERRITT ISLAND, FL	City & State: MERRITT ISLAND, FL
Zip: 32953 Country	Zip: 32953 Country

4. FEI Number: 59-3585675 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RENWICK, KENNETH L 237 CAROLINE STREET CAPE CANAVERAL, FL 32920	Name Street Address (P.O. Box Number is Not Acceptable): 2635 OVERLOOK CT. MERRITT ISLAND, FL 32953 City: FL Zip Code: 32953

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 I accept the obligations of registered agent.

SIGNATURE _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RENWICK, KENNETH L		NAME		
STREET ADDRESS	237 CAROLINE STREET		STREET ADDRESS	2635 OVERLOOK Ct.	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY ST ZIP	MERRITT ISLAND, FL 32953	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR