

2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/31

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-03-2005 90178 006 ***150.00

DOCUMENT # P04000011399 1. Entity Name KENNY KELICH CARPENTRY INC.					
Principal Place of Business 11098 CHLETENHAM AVE ENGLEWOOD, FL 34224		Mailing Address 11098 CHLETENHAM AVE ENGLEWOOD, FL 34224			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02162005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 51-0492305	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELICH, KENNETH 11098 CHLETENHAM AVE ENGLEWOOD, FL 34224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>KELICH</i></u> DATE: <u>2-27-05</u> 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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D KELICH, KENNETH 11098 CHLETENHAM AVE ENGLEWOOD, FL 34224	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBISON, BILLIE JO 11098 CHLETENHAM AVE ENGLEWOOD, FL 34224	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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.					
SIGNATURE: <u><i>KELICH</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>2-27-05</u> <u>941-626-1313</u> Date Telephone #		

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