## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATUR

## DOCUMENT # P04000050687 Jan 31, 2007 08:00 AM **Secretary of State** 1. Entity Name KEN-CO INDUSTRIES, INC. Principal Place of Business Mailing Address 884 E MICHIGAN STREET ORLANDO FL 32806 884 E MICHIGAN STREET ORLANDO FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 75-3150838 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GUILL, KENNETH C 884 E MICHIGAN STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32806 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 Signature, typed or printed name of registered again and title if applicable, (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. 11. 3401 ☐ Change ☐ Delete GUILL, KENNETH C U00000613512 NAME 884 E MICHIGAN STREET STREET ADDRESS STREET ADDRESS 02/05/07-80040-016 150.00 ORLANDO FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME \_ \_ \_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP ME Delete Change THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP IHILE ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.

KONNETH C. GULL /-250)

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