

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State

03-28-2005 90056 010 ***150.00

DOCUMENT # P04000054159 1. Entry Name HOME REPAIRS BY KEN, CORP.			
Principal Place of Business 2308 GREENWAY DR MELBOURNE FL 32901 US		Mailing Address 2308 GREENWAY DR MELBOURNE FL 32901 US	
2. Principal Place of Business 2308 Greenway Dr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE FL		City & State	
Zip 32901		Country BREYARD	
4. FEI Number 87-0743663		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAGLE, KENNETH 2308 GREENWAY DR MELBOURNE FL 32901		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 Signature, typed or printed name of registered agent and title if applicable		DATE (NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 ☐ Delete	P CAGLE, KENNETH 2308 GREENWAY DR MELBOURNE FL 32901	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ 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>Kenneth Cagle</u> <u>Kenneth Cagle</u> <u>5-19-05</u> <u>321-984-3512</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			