2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State
08-23-2005 90011 024 ***150.00

DOCUMENT # P04000058038

1. Entity Name
LAURA KENNEY, P.A.

Principal Place of Business
12729 WESTWOOD LAKES BLVD
TAMPA, FL 33626

Mailing Address
12729 WESTWOOD LAKES BLVD
TAMPA, FL 33626

50062927

2. Principal Place of Business: 10901 MAY APPLE CT	3. Mailing Address: 10901 MAY APPLE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAND O LAKES, FL 34638	City & State: LAND O LAKES, FL
Zip: 34638 Country: USA	Zip: 34638 Country: USA

08192005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-1203482 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KENNEY, LAURA
12729 WESTWOOD LAKES BLVD
TAMPA, FL 33626

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] LAURA KENNEY 8/19/05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEY, LAURA 12729 WESTWOOD LAKES BLVD TAMPA, FL 33626	☐ Delete	D KENNEY, LAURA 10901 MAY APPLE COURT LAND O LAKES, FL 34638	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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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: [signature] LAURA KENNEY 8/19/05 813-453-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #