

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90084 044 \*\*\*150.00

**DOCUMENT # P04000058380**

1. Entity Name

KENWOOD HOMES, INC.



Principal Place of Business

5610 DIVISION DRIVE  
FORT MYERS FL 33905  
US

Mailing Address

5610 DIVISION DRIVE  
FORT MYERS FL 33905  
US

2. Principal Place of Business

825 E. COWBOY WAY

Suite, Apt. #, etc.

SUITE 100

City & State

LABELLE FL

Zip

33935

Country

USA

3. Mailing Address

825 E. COWBOY WAY

Suite, Apt. #, etc.

SUITE 101

City & State

LABELLE FL

Zip

33935

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0977170

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, KENNETH A  
5610 DIVISION DRIVE  
FORT MYERS FL 33905

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE D ☐ Delete  
NAME WALLACE, KENNETH A  
STREET ADDRESS 5610 DIVISION DRIVE  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE PST ☒ Delete  
NAME WALLACE, KENNETH A  
STREET ADDRESS 5610 DIVISION DRIVE  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE P ☐ Delete  
NAME KIMBERLY TRAPP  
STREET ADDRESS 825 E. COWBOY WAY, STE 100  
CITY-ST-ZIP LABELLE, FL 33935

TITLE T ☐ Delete  
NAME JASON WALASKAY  
STREET ADDRESS 825 E. COWBOY WAY, STE 100  
CITY-ST-ZIP LABELLE, FL 33935

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly Trapp

2/16/05

863 612 0070