

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90115 038 \*\*\*150.00

**DOCUMENT # P04000131339**

1. Entity Name  
**KENT SNOW CORPORATION**



Principal Place of Business  
**1831 WILLOW LANE  
WINTER PARK, FL 32792**

Mailing Address  
**1831 WILLOW LANE  
WINTER PARK, FL 32792**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 948497**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MAITLAND, FL**

Zip

Country

Zip

Country

**32794**

**USA**

03142005

Chg-P

CR2E034 (10/03)

4. FEI Number

**14-1917464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KOTEEN, MARK A  
3100 CLAY AVE STE 177  
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name

**WILLIAM J. KENT**

Street Address (P.O. Box Number is Not Acceptable)

**1831 WILLOW LANE**

City

**WINTER PARK**

**FL**

Zip Code

**32792**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPT  
KENT, WILLIAM J  
1831 WILLOW LANE  
WINTER PARK, FL 32792** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVS  
SNOW, GARETH G  
1831 WILLOW LANE  
WINTER PARK, FL 32792** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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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:

*William J. Kent*

**WILLIAM J. KENT, PRESIDENT 3/14/05 407-257-7265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #