


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90077 005 ***158.75

DOCUMENT # P05000046313 1. Entity Name KENNY FITE INC.																													
Principal Place of Business 1148 PADDOCK CT LUTZ, FL 33558 US			Mailing Address 1148 PADDOCK CT LUTZ, FL 33558 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
6. Name and Address of Current Registered Agent FITE, KENNETH L 14361 WADSWORTH DRIVE ODESSA, FL 33556				7. Name and Address of New Registered Agent Name Kenneth L. Fite Street Address (P.O. Box Number is Not Acceptable) 1148 Paddock Ct. City Lutz FL Zip Code 33558																									
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: <i>Kenneth L Fite</i> DATE: 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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04132008 Chg-P CR2E034 (12/06)

4. FEI Number **84-1674967** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Kenneth L Fite*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

Daytime Phone #