

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000073623

**Entity Name:** BOB KENNE SERVICES, INC.

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1469 JACARANDA CIRCLE SOUTH  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1469 JACARANDA CIRCLE SOUTH  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 11-3783044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4TH FL  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: KENNE, ROBERT  
Address: 1469 JACARANDA CIRCLE SOUTH  
City-St-Zip: CLEARWATER, FL 33755

Title: CFO  
Name: KENNE, JANICE  
Address: 1469 JACARANDA CIRCLE SOUTH  
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANICE KENNE

CFO

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date