


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90203 050 \*\*\*150.00

|  |                          |   |   |  |                                   |
|--|--------------------------|---|---|--|-----------------------------------|
| DOCUMENT # P05000158002  |                          |   |   |           |                                   |
| 1. Entity Name<br>KENNEDY-HALL, INC.   |                          |   |   |  |                                   |
| Principal Place of Business<br>1834 BUCCANEER CIRCLE E<br>JACKSONVILLE FL 32225  |                          | Mailing Address<br>1834 BUCCANEER CIRCLE E<br>JACKSONVILLE FL 32225 |   |  |                                   |
| 2. Principal Place of Business   |                          | 3. Mailing Address  |   |  |                                   |
| Suite, Apt. #, etc.  |                          | Suite, Apt. #, etc.   |   |  |                                   |
| City & State   |                          | City & State  |   | 4. FEI Number<br>20-4225026  |                                   |
| Zip  |                          | Country   |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                   |
| 6. Name and Address of Current Registered Agent<br>LOUGHRAN, MYRA PA<br>333 FIRST ST N SUITE 305<br>JACKSONVILLE FL 32250  |                          |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reconstituting)</small>  |                          |   |   |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                          |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |                                   |
| 10. OFFICERS AND DIRECTORS   |                          |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |                                   |
| TITLE  | D                        | <input type="checkbox"/> Delete                                     | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | KENNEDY, RICHARD E       |   | NAME  |  |                                   |
| STREET ADDRESS   | 1834 BUCCANEER CIRCLE E  |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | JACKSONVILLE FL 32225    |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | D                        | <input type="checkbox"/> Delete                                     | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | HALL, MICHAEL G          |   | NAME  |  |                                   |
| STREET ADDRESS   | 11381 KINGSLEY MANOR WAY |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | JACKSONVILLE FL 32225    |   | CITY-ST-ZIP   |  |                                   |
| TITLE  |                          | <input type="checkbox"/> Delete                                     | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                          |   | NAME  |  |                                   |
| STREET ADDRESS   |                          |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                          |   | CITY-ST-ZIP   |  |                                   |
| TITLE  |                          | <input type="checkbox"/> Delete                                     | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                          |   | NAME  |  |                                   |
| STREET ADDRESS   |                          |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                          |   | CITY-ST-ZIP   |  |                                   |
| TITLE  |                          | <input type="checkbox"/> Delete                                     | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                          |   | NAME  |  |                                   |
| STREET ADDRESS   |                          |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                          |   | CITY-ST-ZIP   |  |                                   |
| TITLE  |                          | <input type="checkbox"/> Delete                                     | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                          |   | NAME  |  |                                   |
| STREET ADDRESS   |                          |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                          |   | CITY-ST-ZIP   |  |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Richard E Kennedy</i>  |                          |   | 4-25-06 904 221-5304  |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                          |   | Date Daytime Phone #  |  |                                   |