

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000166665

1. Entity Name
KENDALE G.P., INC.



Principal Place of Business
4501 BEVERLY AVE
JACKSONVILLE, FL 32210

Mailing Address
4501 BEVERLY AVE
JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box #

5851 TIMUGUANARA Rd

Suite, Apt. #, etc.
301

City & State
JACKSONVILLE FL

Zip
32210

3. Mailing Address

5851 TIMUGUANARA Rd

Suite, Apt. #, etc.
301

City & State
JACKSONVILLE FL

Zip
32210



04202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3992317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRISP, DALE
4501 BEVERLY AVE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5851 TIMUGUANARA Rd
Ste 301
City
JACKSONVILLE FL Zip Code
32210

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, 2007 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
D
CRISP, DALE K
5108 HARBOR POINT CIRCLE
JACKSONVILLE, FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ATLEE, KENYON S
5213 ORTEGA OAKS LANE
JACKSONVILLE, FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400103589494
05/31/07--01002--015 **1511.25

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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STREET ADDRESS
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☐ Change ☐ Addition

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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 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:

Kenyon S. Atlee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenyon S. Atlee

4-25-07
Date

904-384-6964
Daytime Phone #