

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143252

Entity Name: KOURTNEY'S, INC.

FILED  
May 06, 2008  
Secretary of State

## Current Principal Place of Business:

19 NORTH MONROE STREET  
QUINCY, FL 32351 US

## New Principal Place of Business:

14 NORTH ADAMS STREET  
QUINCY, FL 32351 US

## Current Mailing Address:

19 NORTH MONROE STREET  
QUINCY, FL 32351 US

## New Mailing Address:

14 NORTH ADAMS STREET  
QUINCY, FL 32351 US

FEI Number: 36-4597326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TENNELL, CLARENCE  
19 NORTH MONROE STREET  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

TENNELL, CLARENCE  
14 NORTH ADAMS STREET  
QUINCY, FL 32351 US

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:

05/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: TENNELL, PATRICIA  
Address: 722 WEST KING STREET  
City-St-Zip: QUINCY, FL 32351 US

Title: VP ( ) Delete  
Name: TENNELL, SONYA  
Address: 609 KAPOCK STREET  
City-St-Zip: BRONX, NY 10464 US

Title: DIR ( ) Delete  
Name: TENNELL, CLARENCE  
Address: 722 WEST KING STREET  
City-St-Zip: QUINCY, FL 32351 US

Title: MEM ( ) Delete  
Name: TENNELL, CLARENCE JR  
Address: 11400 MARYVALE ROAD  
City-St-Zip: UPPERMARLBORO, MD 27202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARENCE TENNELL

DR

05/06/2008

Electronic Signature of Signing Officer or Director

Date