

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083429

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** DR. KENNEDY HOMES GP, INC.

**Current Principal Place of Business:**

437 SW 4TH AVE  
FT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

437 SW 4TH AVE  
FT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 26-2437337      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ENGLISH, TAM A  
437 SW 4TH AVE  
FT LAUDERDALE, FL 33315      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: DIR.  
Name: CAMP, JAMES D III  
Address: 111 SE 12TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DIR.  
Name: TRANAKAS, NICHOLAS H  
Address: 6405 N FEDERAL HWY, SUITE 401  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DIR.  
Name: CARSON, SHIRLEY  
Address: 1436 SISTRUNK BLVD. NO. 5  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DIR.  
Name: KELLEY, ROBERT W  
Address: 700 SE 3RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DIR.  
Name: FREEMAN, MARIA J  
Address: 547 NW 9TH AVENUE, SUITE 2  
City-St-Zip: FORT LAUDERDALE, FL 33311 BR

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: TAM A. ENGLISH

DIR

03/02/2012

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

\_\_\_\_\_  
Date