# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 06, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # P37177

1. Entity Name
KENNER KENTUCKY FRIED CHICKEN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 94 NW READY AVE<br>SUITE B-1<br>FT WALTON BEACH, FL 32548 US | 94 NW READY AVE<br>SUITE B-1<br>FT WALTON BEACH, FL 32548 US |

01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
72-0895373
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PANKRATZ, JOHN
500 MARY ESTHER CUT OFF
FORT WALTON BEACH, FL 32548

**DO NOT WRITE IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSCD |
| NAME | PANKRATZ, MARILYNN |
| STREET ADDRESS | 9 IMPERIAL WOODS DRIVE |
| CITY-ST-ZIP | HARAHAN, LA 70123 |
| TITLE | TD |
| NAME | LINDSEY, GAIL |
| STREET ADDRESS | 9 IMPERIAL WOODS DRIVE |
| CITY-ST-ZIP | HARAHAN, LA 70123 |
| TITLE | V |
| NAME | PANKRATZ, JOHN |
| STREET ADDRESS | 94 NW READY AVE STE STE B-1 |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32548 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/21/08-80008-019 150.00

**DO NOT WRITE IN THIS SPACE**

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:** _____ 3-4-08 8502445999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #