

FILED  
Feb 06, 2006 8:00 am  
Secretary of State

01-12-2006 90165 036 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P92000006739**

1. Entity Name  
**KENT'S SPECIAL EVENTS, INC.**



Principal Place of Business  
**2975 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US**

Mailing Address  
**2975 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US**

**66000691**



01042006 No Chg-P CR2E034 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-3161235**

Applied For  
☐ Not Applicable

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

**8. Name and Address of Current Registered Agent**

**BABB, JOHN  
1812 COLLEGE PARKWAY  
GULF BREEZE, FL 32563**

**DO NOT WRITE  
IN THIS SPACE**

9. The above named entity submits this statement for the purpose of changing the registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John Babb*  
Responsible person or principal officer of registered agent and sign if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE MONTHLY FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

10. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PDT**  
NAME  
**BABB, JOHN**  
STREET ADDRESS  
**1812 COLLEGE PARKWAY**  
CITY-STATE-ZIP  
**GULF BREEZE, FL 32563**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**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:**

*John Babb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-3-06* Date

*800 932-3505*  
Toll-free Phone #



ATTACHMENT  
66000691

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2006

KENT'S SPECIAL EVENTS, INC.  
2975 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

Subject: KENT'S SPECIAL EVENTS, INC.

Reference Number: P92000006739

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/jd

ANNUAL REPORTS SECTION