## **FILED** 2004 FOR PROFIT CORPORATION Jan 16, 2004 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P92000011892 1. Entity Name KEMP PLAZA, INC. Mailing Address Principal Place of Business 95 - 17TH ST., S.W. 95 - 17TH ST., S.W. ÜS NAPLES, FL 34117 NAPLES, FL 34117 CR2E034 (10/03) 01122004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0375894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KEMP, KENNETH E DO NOT WRITE 95 17TH ST. SW NAPLES, FL 34117 IN THIS SPACE 5. 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE KEMP, KENNETH E 95 17TH ST., SW STREET ADDRESS U00000006347 CITY-ST-ZIP NAPLES, FL -01/16/04-80032-810 158.0D TITLE NAME KEMP, SUSAN M 95 17TH ST., S.W. STREET ADDRESS CITY-ST-ZIP NAPLES, FL HILE NAME KEMP, JOANN 602 A LAKESHORE DR STREET ADDRESS DO NOT WRITE CRY-ST-RP IMMOKALEE, FL 34142 717LE IN THIS SPACE NAME STREET AUDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY ST ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if

NAME STREET ADDRESS CITY-ST-ZIP