

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-29-2006 90139 045 ***150.00

DOCUMENT # P92000011892

1. Entity Name
KEMP PLAZA, INC.



Principal Place of Business
**95 - 17TH ST., S.W.
NAPLES, FL 34117 US**

Mailing Address
**95 - 17TH ST., S.W.
NAPLES, FL 34117 US**

66010200



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0375894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KEMP, KENNETH E
95 17TH ST. SW
NAPLES, FL 34117**

**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

Signature, typed or printed name of registered agent and title if applicable

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

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEMP, KENNETH E
STREET ADDRESS	95 17TH ST., SW
CITY-STATE-ZIP	NAPLES, FL

TITLE	ST
NAME	KEMP, SUSAN M
STREET ADDRESS	95 17TH ST., S.W.
CITY-STATE-ZIP	NAPLES, FL

TITLE	VPD
NAME	KEMP, JOANN
STREET ADDRESS	802 A LAKESHORE DR
CITY-STATE-ZIP	IMMOKALEE, FL 34142

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 fire empowered.

SIGNATURE:

Kenneth E Kemp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

Date

1-239-340-2685

Daytime Phone #