## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

P92000014437 DOCUMENT # P92000014437 FILED 1: Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS KENDALL INVESTMENTS GROUP, INC. 04 JUN -9 AM 8:00 Principal Place of Business Mailing Address 711 WASHBURN RD MELBOURNE FL 32934 711 WASHBURN RD MELBOURNE FL 32934 2. Principal Place of Business 3. Mailing Address 100 ATLANTIS 100 ATLANTIS RD #201 MELB OURDE <u> IELBOURNE</u> City & State City & State 4. FEI Number Applied For 59-3164482 Not Applicable Zip Country \$8.75 Additional 35904 5. Certificate of Status Desired 32904 <u>BREUARD</u> BREVARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENDALL, SUSAN R Street Address (P.O. Box Number is Not Acceptable) 711 WASHBURN RD **MELBOURNE FL 32934** City MELBOURPE Zip Code 32904 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004: Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. TITLE D **7** Delete T17( F ☐ Chance Addition PRESIDENT KENDALL, JEFFREY NAME NAME SUSAN R. KENDALL STREET ADDRESS 711 WASHBURN RD STREET ADDRESS 100 ATLANTIS RD #201 CITY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP MELBOURNE, FL Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Change □ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 12. I hereby certify that the information supplied with this filing 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 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.

04-29-2004 90314 030 \*\*\* 150.00