

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000008666

1. Entity Name
KANE-JENKINS ASSOCIATES, INC.



Principal Place of Business
**1076 VICTORY LAKE DR.
JACKSONVILLE, FL 32221**

Mailing Address
**1076 VICTORY LAKE DR.
JACKSONVILLE, FL 32221**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3172057

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KANE, JOAN D
1076 VICTORY LAKE DR.
JACKSONVILLE, FL 32221**

**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 reinstating)

DATE

**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

U000000889938

04/22/08 60074-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENKINS, KRISTY A
STREET ADDRESS	1076 VICTORY LAKE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	D
NAME	KANE, JOAN D
STREET ADDRESS	1076 VICTORY LAKE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

Date

904-378-8547

Daytime Phone #