


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90216 033 \*\*\*150.00

<b>DOCUMENT # P93000077815</b>	
1. Entity Name <b>KEN &amp; LEON'S PROPERTY SERVICES, INC.</b>	

Principal Place of Business <b>515 OAK STREET SOUTH BARTOW, FL 33830</b>	Mailing Address <b>PO BOX 891 BARTOW, FL 33830 US</b>
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2. Principal Place of Business - No P.O. Box # <b>825 Sun Ridge Village Dr</b>	3. Mailing Address <b>825 Sun Ridge Village Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Winter Haven, FL</b>	City & State <b>Winter Haven, FL</b>
Zip <b>33880</b>	Zip <b>33880</b>
Country <b>Polk</b>	Country <b>Polk</b>

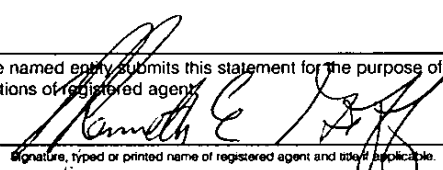


04172007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3208494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GOFF, KENNETH E 515 OAK STREET SOUTH BARTOW, FL 33830</b>	7. Name and Address of New Registered Agent Name <b>Goff, Kenneth E</b> Street Address (P.O. Box Number is Not Acceptable) <b>825 Sun Ridge Village Dr</b> City <b>Winter Haven</b> FL Zip Code <b>33880</b>
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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  DATE **4/24/2007**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOFF, KENNETH E PO BOX 891 BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOFF, JENNY R PO BOX 891 BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/24/2007** DAYTIME PHONE # **863-307-3678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR