## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 27, 2004 8:00 am Secretary of State DOCUMENT # P93000080492 1. Entity Name 04-27-2004 90097 037 \*\*\*150.00 KENT ADVERTISING, INC. Principal Place of Business Mailing Address 1090 BICHARA BLVD LA PLAZA GRANDE LADY LAKE FL 32159 1090 BICHARA BLVD LA PLAZA GRANDE LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-3220609 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENT, BARRY L 5142 MAGNOLIA RIDGE RD FRUITLAND PARK FL 34731 City LEGSBU 8. The above named entity syd sement 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 registers SIGNATURE . 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. $\overline{\mathcal{P}_{\mathcal{D}}}$ Change PD TITLE TITLE ☐ Addition Delete KENT, BARRY L. 2969 POPLAK AVE LEESBURG, FL 34748 KENT, BARRY L NAME NAME STREET ADDRESS 5142 MAGNOLIA RIDGE RD STREET ADDRESS FRUITLAND PARK FL 34731 CITY-ST-ZIP CITY-ST-7IP ST TITLE Delete TITLE ☐ Addition KENT, LYNDAB KENT, LYNDA B MAME NAME 2969 POPLAR AVE LEASBURG, FL 34748 5142 MAGNOLIA RIDGE RD STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL 34731 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 port is true and faccurate 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 as at sects, with all other like empowered.

RY L. KENT

SIGNATURE:

FILED

352-751-0966