


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90317 029 \*\*\*150.00

DOCUMENT # P93000080492  
 1. Entity Name  
**KENT ADVERTISING, INC.**



Principal Place of Business Mailing Address  
~~1090 BICHARA BLVD  
 LA PLAZA GRANDE  
 LADY LAKE FL 32159  
 US~~ ~~1090 BICHARA BLVD  
 LA PLAZA GRANDE  
 LADY LAKE FL 32159  
 US~~

**14000372**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address  
**3531 WEDGEWOOD LANE** **3531 WEDGEWOOD LANE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SOUTHERN TRACE PLAZA** **SOUTHERN TRACE PLAZA**

City & State City & State  
**THE VILLAGES, FL** **THE VILLAGES, FL**

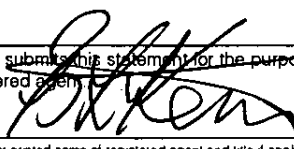
4. FEI Number 59-3220609 Applied For  
 Not Applicable

Zip Country Zip Country  
**32162 USA** **32162 USA**

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

6. Name and Address of Current Registered Agent  
~~KENT BARRY L  
 2969 POPLAR AVE  
 LEESBURG FL 34748~~

7. Name and Address of New Registered Agent  
 Name **KENT, BARRY L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**207 HANGING MOSS LANE**  
 City **LADY LAKE** FL **32159**

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  **BARRY L. KENT** DATE **4/1/05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KENT, BARRY L	
STREET ADDRESS	2969 POPLAR AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KENT, LYNDA B	
STREET ADDRESS	2969 POPLAR AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, BARRY L	
STREET ADDRESS	207 HANGING MOSS LANE	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, LYNDA B	
STREET ADDRESS	207 HANGING MOSS LANE	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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, title, or other like empowered.

SIGNATURE:  DATE: **4/1/05** DAYTIME PHONE #: **352751 0966**