2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P93000080492 1. Entity Name 04-27-2005 90317 029 ***150.00 KENT ADVERTISING, INC. Principal Place of Business Mailing Address 1090 BICHARA BLVD 1090 BICHARA BLVD 14000372 LAPLAZA GRANDE LADY LAKE FL 32159 US LA PLAZA GRANDE LADY LAKE FL 92159 3. Mailing Address 3531 WEDER WOOD CANE 2. Principal Place of Business 3531 WEOGEWOOD LANE CR2E034 (10/04) 1st MOORE Applied For 4. FÉI Number 59-3220609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RENT, BARRY L 2969 POPLAR AVE LEESBURG FL 34Z48 8. The above named entity subm 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 $\mathcal{P}_{\mathcal{D}}$ Change TITLE Delete HDE ☐ Addition KENT, BARRY L KENT, BARRY L NAME NAME 2969 POPLAR AVE STREET ADDRESS STREET ADDRESS 207 HANGING MOSS LANE LEESBURG FL 34748 LADY LAKE, FL 32159 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete KENT, LYNDA B NAME KENT, ŁYNDA B 207 HANGING MOSS CANE 2969 POPLARAVE STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THUE ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition THE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empewers to secure 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 add as the empowered.

FILED

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