


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90213 004 \*\*\*150.00

<b>DOCUMENT # P93000086104</b> 1. Entity Name <b>KEDCO, INC.</b>					
Principal Place of Business <b>3720 N MONROE</b> <b>TALLAHASSEE, FL 32303 US</b>				Mailing Address <b>2910 KEW COURT</b> <b>TALLAHASSEE, FL 32308</b>	
2. Principal Place of Business		3. Mailing Address <b>3720 N Monroe</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Tallahassee FL</b>			
Zip <b>32303</b>	Country	Zip <b>32303</b>	Country	4. FEI Number <b>59-3217945</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DOUGHTEN, GRACIE</b> <b>2910 KEW COURT</b> <b>TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name <b>Gracie Horne</b> Street Address (P.O. Box Number is Not Acceptable) <b>6625 Pisgah Church Rd.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32309</b>	
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 <b>Gracie Horne</b> <b>Gracie Horne</b> <b>4-22-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORNE, GRACIE C.</b> <b>2910 KEW COURT</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6625 Pisgah Church Rd.</b> <b>Tallahassee FL 32309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUGHTEN, KENNETH E</b> <b>3966 MAGELLAN TRL</b> <b>TALLAHASSEE, FL</b>	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, with all other like empowered.					
SIGNATURE: <b>Gracie Horne</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-22-05</b> <b>850-385-8197</b> <small>Date Daytime Phone #</small>		