

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90453 043 \*\*\*150.00

<b>DOCUMENT # P94000059438</b> 1. Entity Name <b>KENSINGTON HOLDINGS, INC.</b>					
Principal Place of Business <b>1539 CEDAR LANE</b> <b>NEWPORT, MN 55055 US</b>				Mailing Address <b>1539 CEDAR LANE</b> <b>NEWPORT, MN 55055 US</b>	
2. Principal Place of Business <b>1377 2ND AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1377 2ND AVE</b> Suite, Apt. #, etc.			
City & State <b>NEWPORT, MN</b> Zip <b>55055</b>		City & State <b>NEWPORT MN</b> Zip <b>55055</b>		4. FEI Number <b>65-0513410</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LLOYD E MILNAR</b> <b>4309 CRAYON ROAD</b> <b>NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 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 <b>P</b> NAME <b>LLOYD E MILNAR</b> STREET ADDRESS <b>4309 CRAYON ROAD</b> CITY-ST-ZIP <b>NAPLES, FL 34103</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		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE: Lloyd E Milnar</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/20/04</b> <b>651-459 0885</b> <small>Date Daytime Phone #</small>		