



**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90053 004 ***150.00

DOCUMENT # P95000011487 1. Entity Name BENJAMIN S. KENNEDY, JR., P.A.					
Principal Place of Business 399 W PALMETTO PARK RD. SUITE 100 BOCA RATON, FL 33432			Mailing Address 399 W PALMETTO PARK RD. SUITE 100 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 399 W. Palmetto Park Rd.		3. Mailing Address 399 W. Palmetto Park Rd.			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200		03162007 Chg-P CR2E034 (12/06)	
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 65-0552178	
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, BEN S JR 399 W PALMETTO PARK RD #106 Ste. 200 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) <u>New Suite 200</u> City <u>FL</u> Zip Code	
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: <u>Ben</u> <u>15</u> <u>3/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NONE) Registered Agent signature required when reinstating. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, BEN S JR. 399 W. PALMETTO PARK ROAD #106 Ste 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kennedy, Ben S. Jr. 399 W. Palmetto Park Rd., Ste 200 Boca Raton FL 33432	<input checked="" 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
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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-16-07 (561) 750-8535</u> <small>Date Daytime Phone #</small>		