

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90298 022 ***158.75

DOCUMENT # P95000074271

1. Entity Name
KENOYER REAL ESTATE CORP.-



Principal Place of Business
**2669 WEST GULF DRIVE
P.O. BOX 158
SANIBEL, FL 33957 US**

Mailing Address
**2669 WEST GULF DRIVE
P.O. BOX 158
SANIBEL, FL 33957 US**

50042179



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0617665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'HARA, NAN B
1828 BOLADO PARKWAY
CAPE CORAL, FL 33990**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KENOYER, TONNA
17181 CORAL CAY LANE
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MCDOWELL, MNDY
14825 WINDING CREEK CT.
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KENOYER, RICHARD E
17181 CORAL CAY LANE
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KENOYER, RONALD G
6713 SEA ISLE DRIVE
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Tonna Kenoyer, President 4/12/05

Date

Daytime Phone #

**239-472-
4526**