2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000085920

Entity Name

KENNEDY ELECTRIC CO. OF PUNTA GORDA, INC.



Principal Place of Business

2572 HIGHLANDS RD HARBOUR HEIGHTS, FL 33983

983 US

Mailing Address

P.O. BOX 511184

PUNTA GORDA, FL 33951

FILED Jan 08, 2007 8:00 am Secretary of State

01-08-2007 90251 046 ***158.75

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01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0624978

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMENDOLA, JAMES 1110 HARBOUR GREEN RD PUNTA GORDA, FL 33983

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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.	Lam familiar with.	and accept
	the obligations of registered agent.		and docopt

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, 2007 Fee will be \$550.00 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE AMENDOLA, JAMES NAME STREET ADDRESS 1110 HARBOUR GREEN RD CITY-ST-ZIP PUNTA GORDA, FL 33983 TITI F NAME AYERS, LYNN STREET ADDRESS 14136 HARBOR BLVD PORT CHARLOTTE, FL 33952 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 accurate and the trustee empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #