2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P96000018133, 1. Entity Name KENRICK INC Mailing Address Principal Place of Business 26939 ROSEANN PL 26939 ROSEANN PL LUTZ FL 33559 **LUTZ FL 33559** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-3363406 Not Applicable Zip. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULLARD, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 26939 ROSEANN PL LUTZ FL 33559 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DAJE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE MD ☐ Delete DILE Change Addition | BULLARD, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 26939 ROSEANN PL CHY-S1-ZIP LUTZ FL 33559_ CITY-ST-ZIP uter Change Addition HILE ☐ Delete BULLARD, KENNETH NAME NAME 334 RIO VISTA CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33604** CILY-SI-ZIP ☐ Change ☐ Addition Oelele TITLE BDF NAME STREET ADDRESS STREET ADDRESS U00000308510 04/15/05-80097-019 150.00 CHY-ST-7(P CITY - ST-ZIP ☐ Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition Title ☐ Delele NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete Itilė Change ☐ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED