


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90229 008 ***150.00

DOCUMENT # P97000040128	
1. Entity Name KENNY BREON ENTERPRISES, INC.	

Principal Place of Business 6100-40 AVENUE NORTH ST. PETERSBURG, FL 33709	Mailing Address 6100-40 AVENUE NORTH ST. PETERSBURG, FL 33709
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DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3450746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZEOLI, SAM JR
8413 JACARANDA AVENUE
SEMINOLE, FL 33777-3619

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERON, KENNY 6100-40 AVE. NORTH ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZEOLI, SAM JR 8413 JACARANDA AVENUE LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY Jance D. M. M. M. 6100-40 Ave N St Peter SBURG FL 33709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Kenneth Breon 4-23-04 384-4286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**2004 ANNUAL BUSINESS REPORT
DIVISION OF CORPORATIONS
PO BOX 6198
TALLAHASSEE, FL 32314**