2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P97000072766 Mar 09, 2005 08:00 AM **Secretary of State** KENNY FAMILY CORPORATION Principal Place of Business Mailing Address C/O W.J. TREMBLAY, PA 1801 S FEDERAL HWY, STE 219 DELRAY BEACH FL 33483 7759 154TH COURT NORTH PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0778830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TREMBLAY, W J PA Street Address (P.O. Box Number is Not Acceptable) 1801 S FEDERAL HWY STE 219 **DELRAY BEACH FL 33483** 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 liftle if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTS TITLE HILE ☐ Delete ☐ Addition KENNY, MICHAEL NAME NAME STREET ADDRESS 7759 154TH COURT NORTH STREET ADDRESS CITY ST-ZIP PALM BEACH GARDENS FL 33418 CHY ST ZIP BRUFVPD Delete THILE ☐ Change Addition CONLON-KENNY, JOYCE A NAME NAME STREET ADDRESS 60 GLENBROOK RD STREET ADDRESS CITY-ST-ZIP NEW PROVIDENCE NJ 07874 CiTY+ST-7iP mu HILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE Change Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME 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 amam 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 Black 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.