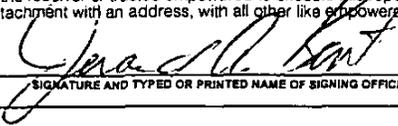


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90200 014 ***150.00

DOCUMENT # P98000077008			
1. Entity Name KENT FAMILY ENTERPRISES, INC.			
Principal Place of Business 2905 JACQUE LEE LN. LAKELAND, FL 33803		Mailing Address 2905 JACQUE LEE LN. LAKELAND, FL 33803	
2. Principal Place of Business 620 Laurel Lane		3. Mailing Address 620 Laurel Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33813	Country	Zip 33813	Country
6. Name and Address of Current Registered Agent KENT, JERARD A 2905 JACQUE LEE LANE LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 620 Laurel Lane City Lakeland FL 33813	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENT, JERARD A 2905 JACQUE LEE LN. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	620 Laurel Lane Lakeland, Florida 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENT, SHIRLEY W 2905 JACQUE LEE LN. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	620 Laurel Lane Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.			
SIGNATURE: 		Date: 4/3/06	Daytime Phone #: 863 665-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

