

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101090

FILED
Mar 31, 2006
Secretary of State

Entity Name: KENNJOHN MANAGMENT, INC.

Current Principal Place of Business:

125 NORTH COMBEE ROAD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

125 NORTH COMBEE ROAD
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 52-2150213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: COSTELLO, MICHAEL
Address: 16228 ORCHARD GROVE
City-St-Zip: GAITHERSBURG, MD 20878

Title: VPRES () Delete
Name: COSTELLO, WILLIAM A
Address: 711 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: TREA () Delete
Name: HOCKMAN, JEFFREY W
Address: 337 TERRANOVA BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: SECR (X) Delete
Name: COSTELLO, DIANE
Address: 711 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: BUSM (X) Delete
Name: HOCKMAN, TRACY A
Address: 337 TERRANOVA BLVD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: HOCKMAN, JEFFREY W
Address: 337 TERRANOVA BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY W HOCKMAN

CFO

03/31/2006

Electronic Signature of Signing Officer or Director

_____ Date