2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # P9900005654 1. Entity Name R.B. KEMPFER ENTERPRISES, INC. Principal Place of Business Mailing Address 601 E. PALMETTO AVENUE 601 E. PALMETTO AVENUE MELBOURNE FL 32901-4723 MELBOURNE FL 32901-4723 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3554137 Not Applicable Zip $Z_{1}p$ Country Country \$8.75 Additional 5. Certificate of Status Desired N Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NASH, CHARLES IAN Street Address (P.O. Box Number is Not Acceptable) 440 SOUTH BABCOCK STREET MELBOURNE FL 32901 City 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 miniral near of registered apart and the happinacion (NOTE: Registered Agent sign stars required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change ☐ Addition NAME KEMPFER, RICHARD H NAME STREET ADDRESS 601 E. PALMETTO AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901-4723 CITY-ST-7IP TITLE Derete TITLE Addition U000000800451 01/31/08-80018-001 158.75 NAME KEMPFER, RONALD W NAME STREET ADDRESS 601 E. PALMETTO AVENUE STREET ADDRESS 01TY-\$T-24P MELBOURNE FL 32901-4723 CITY-ST-ZIP TITLE ☐ Derete ппе Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ De ete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes: I further certify that the information indicated on this report or supplemental report is true and accurate and that may 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.

CITY ST-ZIP

SIGNATURE: Metar

CITY-ST-ZIP

CICHARO H KEMI FER

1-52-5008

407-957-8854