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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2006 JUN 20 AM 11: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050965 1. Entity Name KENCO - 2000, INC.	
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Principal Place of Business 1539 GARDEN AVENUE HOLLY HILL, FL 32117	Mailing Address 1539 GARDEN AVENUE HOLLY HILL, FL 32117
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DO NOT WRITE IN THIS SPACE

	
01232008 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3623341	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOUR, RONALD A
160 HIDDEN HILLS DRIVE
ORMOND BEACH, FL 32174

**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 _____
Signature, type or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering)

DATE _____

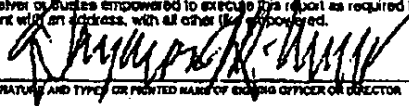
FILE NOW!!! FEE IS \$450.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	400000508952 04/27/06-80044-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WEBB, RAYMOND 6 WATERBERRY CIRCLE ORMOND BEACH, FL 32174
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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 exemptions contained in Chapter 118, 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 of this report.

SIGNATURE:  4-12-06

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

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1. Entity Name KENCO - 2000, INC.			
Principal Place of Business 1539 GARDEN AVENUE HOLLY HILL, FL 32117		Mailing Address 1539 GARDEN AVENUE HOLLY HILL, FL 32117	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3623341		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name <u>Raymond K. Webb</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>1539 Garden Avenue</u>	
		City <u>Holly Hill</u> FL Zip Code <u>32117</u>	
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 <u>Raymond K. Webb</u>		DATE <u>5-15-06</u>	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WEBB, RAYMOND 6 WATERBERRY CIRCLE ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 officers empowered.			
SIGNATURE: <u>Raymond K. Webb</u>		DATE <u>5-15-06</u> 386-672-1590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	