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2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
07 MAR 23 PM 12:49
CLERK OF STATE
TALLAHASSEE, FLORIDA



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3623341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, RAYMOND K
1539 GARDEN AVENUE
HOLLY HILL, FL 32117

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/05/07--01029--017 **300.00

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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: Raymond K. Webb 3-13-07 386-672-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #