

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000098929

1. Entity Name
NORM KENT ENTERPRISES, INC.



Principal Place of Business
800 EAST BROWARD BLVD
310
FORT LAUDERDALE, FL 33301

Mailing Address
800 EAST BROWARD BLVD
310
FORT LAUDERDALE, FL 33301

FILED

2005 SEP 20 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0960079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DO NOT WRITE
IN THIS SPACE

NORM KENT SHOW
800 E. BROWARD BLVD STE 310
FT LAUDERDALE, FL 33301

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENT, NORMAN E
STREET ADDRESS	215 NE 17TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600059774126
09/20/05--01020--011 **\$550.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/01/05 954 7631900

Date

Daytime Phone #

1/20