

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90041 008 ***150.00

DOCUMENT # S48017

1. Entity Name
L. L. KENT, INC.



Principal Place of Business

1543 KINGSLEY AVE
BLDG 6
ORANGE PARK, FL 32073 US

Mailing Address

1543 KINGSLEY AVE
BLDG 6
ORANGE PARK, FL 32073 US

94035793



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3058751

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KENT, LAURA LEE
366 FOXRIDGE ROAD
ORANGE PARK, FL 32065

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KENT, LAURA LEE
STREET ADDRESS	366 FOXRIDGE ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	DST
NAME	KENT, NORVELLE S.
STREET ADDRESS	366 FOXRIDGE ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	V
NAME	ROGERS, RACHEL
STREET ADDRESS	2066 PIMLICO PL
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	V
NAME	WALLACE, KAREN
STREET ADDRESS	2066 PIMLICO PL
CITY-ST-ZIP	ORANGE PARK, FL 32073
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 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: Laura L Kent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 (904) 213-8085
Date Daytime Phone #