

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 018 ***150.00

DOCUMENT # V19720 1. Entity Name KENNERIC WHOLESALE, INC.					
Principal Place of Business 6060 126 AVE N LARGO, FL 33773 US			Mailing Address PO BOX 17031 CLEARWATER, FL 33762 US		
2. Principal Place of Business 2853 SEABREEZE DR Suite, Apt. #, etc.		3. Mailing Address 2853 SEABREEZE DR Suite, Apt. #, etc.			
City & State GULFPORT, FL Zip 33707		City & State GULFPORT FL Zip 33707		Country USA	
4. FEI Number 59-3109546		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TREHUB, RICHARD 2853 SEABREEZE DR. GULFPORT, FL 33707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 printed name of registered agent and file if applicable. President 4/14/06 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREHUB, RICHARD 2853 SEABREEZE DR. GULFPORT, FL		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 which is otherwise empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/14/06 Date		