2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000031324

1. Entity Name

KEN-PAL ENTERPRISES, INC.



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90180 013 ***150.00

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1500 COLONIAL BLVD. SUITE 103 1500		Mailing Address 1500 COLONIAL BLVD. SUIT FT MYERS FL 33907	1500 COLONIAL BLVD. SUITE 103		1111 28 111 1 8 111 18111 88111 88111	1 148 4 1 (1 100 4141	HANG BIRG IBRI
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u></u>			
City & Stat	TITE 102 TMYERS	SUITE IN City & State FORT MYC	RS			Ар	
Zip B 2	3907 Country USA	33907	Country USA	,		Fee Required	
	6. Name and Address of Current F	3. Mailing Address 3907					
MILLIGAN, JOHN P JR 1500 COLONIAL BLVD, SUITE 103 FT MYERS FL 33907				FRANCES SZYMANSKI Street Address (P.O. Box Number is Not Acceptable)			
		· · · · · · · · · · · · · · · · · · ·	FORT				
8. The above the obligat	ions of registered agent Hauces T. Symme	anshi				familiar with, a	and accept
After	Signature, typed or printed name of registed Mgent and ILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or Payable to Florida Department of		ngistered Agent signature requ	9. Election	Campaign Financing		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHAN	IGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALCZENSKI, KENNETH J 18718 KERRVILLE CIRCLE PORT CHARLOTTE FL 33948	☐ Delete	NAME STREET ADDRESS				
TITLE NAME Street Address City-St-Zip		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Topology of the Time	Delete Delete	NAME STREET ADDRESS	The State of the S	The state of the s	□ Change	Addition
TITLE Name Street address City-St-Zip		☐ Delete	NAME STREET ADDRESS	_		Change	Addition
TITLE NAME STREET AODRESS (CITY-ST-ZIP		□ Delete	NAME			Change	Addition
TITLE		☐ Delete	TITLE	- 111	**************************************	Change	Addition

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

3 239 574-8853

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