

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90009 013 ***150.00

DOCUMENT # P00000031324 1. Entity Name KEN-PAL ENTERPRISES, INC.			
Principal Place of Business 844 SE 9TH TERR CAPE CORAL, FL 33990		Mailing Address % SZYMANSKI 13391 GATEWAY DR #117 FORT MYERS, FL 33919	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 2413 NW 27TH TER Suite, Apt. #, etc. 40 SZYMANSKI City & State CAPE CORAL, FL Zip 33993	
4. FEI Number 65-0996082		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZYMANSKI, FRANCES 13391 GATEWAY DR #117 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Frances Syzmanski Street Address (P.O. Box Number is Not Acceptable) 2413 NW 27TH TERR. City CAPE CORAL FL Zip Code 33993	
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 <u><i>Frances Syzmanski</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/31/06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete PALCZENSKI, KENNETH J 18718 KERRVILLE CIRCLE PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kenneth J Palczenski</i></u> KENNETH J PALCZENSKI		Date <u>2/14/06</u> Daytime Phone # <u>239 574-5553</u>	