


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90057 001 \*\*\*150.00

**DOCUMENT # P95000092316**

1. Entity Name  
**KENN VISSER CONSULTING, INC.**



Principal Place of Business  
**1754 BAYSHORE DRIVE**  
**ENGLEWOOD, FL 34223 US**

Mailing Address  
**DAVID A DUNKIN, PA**  
**170 W DEARBORN STREET**  
**ENGLEWOOD, FL 34223 US**


2. Principal Place of Business - No P.O. Box #  
**8230 HARBORSIDE CIRCLE**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**ENGLEWOOD, FL**

City & State

Zip **34224** Country



04052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0632887**

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DUNKIN, DAVID A</b> <b>170 WEST DEARBORN STREET</b> <b>ENGLEWOOD, FL 34223-3290</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_

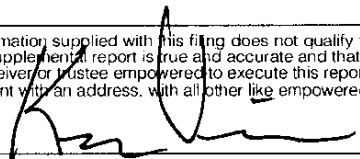
Signature, typed or printed name of registered agent and filer (Applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD VISSER, KENN 1754 BAYSHORE DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISSER, KENN 8230 HARBORSIDE CIRCLE ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VISSER, LINDA L 1754 BAYSHORE DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VISSER, LINDA L 8230 HARBORSIDE CIRCLE ENGLEWOOD, FL 34224 <input checked="" 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:**  **APRIL 5, 2007** **941-698-4042**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Phone #