

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90011 010 ***150.00

DOCUMENT # P04000116922

1. Entity Name
KIEL FARM & FORESTRY OPS, INC.



Principal Place of Business
2457 SPRUCE VIEW WAY
PORT ORANGE, FL 32128 US

Mailing Address
2457 SPRUCE VIEW WAY
PORT ORANGE, FL 32128 US



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1475794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAIBLE, JULIE D
121 DUNDEE ROAD
DAYTONA BEACH, FL 32118

**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 Julie D. Laible E.A.
Signature, typed or printed name of registered agent and title if applicable

Julie D. Laible, E.A.
(NOTE: Registered Agent signature required when reinstating)

1/14/06
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

TITLE P
NAME KIEL, REBECCA J
STREET ADDRESS 2457 SPRUCE VIEW WAY
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE VP
NAME KIEL, JEFFREY W
STREET ADDRESS 2457 SPRUCE VIEW WAY
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: W. Jeffrey Kiel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06
Date

Sign + Print
NAME AND DATE