

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90108 030 ***150.00

DOCUMENT # P95000032346

1. Entity Name

KRISTEN LAKE PROPERTIES, INC.



Principal Place of Business

6800 S ORANGE BLOSSOM TRAIL
DAVENPORT FL 33837
US

Mailing Address

6800 S ORANGE BLOSSOM TRAIL
DAVENPORT FL 33837
US



2. Principal Place of Business

3. Mailing Address

6800 S. Orange Blossom Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVENPORT, FL.

4. FEI Number

59-3384177

Applied For

Not Applicable

Zip

Country

Zip

33896-7517

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, QUINTON
6800 S ORANGE BLOSSOM TRAIL
DAVENPORT FL 33837

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BASS, QUINTON
STREET ADDRESS 6800S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP DAVENPORT FL 33837

TITLE VSTD ☐ Delete
NAME BASS, TRACY
STREET ADDRESS 6800 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

H.B. Bass

H.B. Bass

4-5-06

407-847-9425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #