


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 279607</b>	
1. Entity Name KOONTZ COMPANY	

Principal Place of Business 3111 S PINE AVE OCALA, FL 34471 US	Mailing Address 3111 S PINE AVE OCALA, FL 34471
--	---

**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1036601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KOONTZ, MICHAEL P.  
3111 S. PINE AVE  
OCALA, FL 32670

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000666236 03/23/07-80062-019 150.00
---	---	------------------------------------	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KOONTZ, MICHAEL P. 3111 S. PINE AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOONTZ, DIANE T. 3111 S PINE AV. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADKISON, MARY ALICE 3111 S PINE AV OCALA FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOONTZ, KATHERINE L 3446 SW 19TH STREET OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: Mary Alice Adkison / MARY ALICE AdKison 3/9/07 352-622-3241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

*Sec - Area*