


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 398973 1. Entity Name KINZIE CORPORATION	
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Principal Place of Business 330 S. PINEAPPLE AVE., SUITE 106 SARASOTA, FL 34236	Mailing Address 330 S. PINEAPPLE AVE., SUITE 106 SARASOTA, FL 34236
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1393461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIPER, ROBERT H., JR.
 330 S. PINEAPPLE AVE., SUITE 106
 SARASOTA, FL 34236

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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 title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KINZIE, WILLARD L. 110 DUNLOP ST., WEST BARRIE ONTARIO CANAD,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KINZIE, RUTH 110 DUNLOP ST., WEST BARRIE ONTARIO CANAD,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLET, JULIE 2051 MAIN ST., 102 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  WILLARD L. KINZIE Jan 17-05 705-732-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #