

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90002 024 \*\*\*150.00

**DOCUMENT # 517106**

1. Entity Name

BACKPACKER'S GENERAL STORE, INC.



Principal Place of Business

4376 FOREST HILL BLVD  
W. PALM BEACH FL 33406

Mailing Address

4376 FOREST HILL BLVD  
W. PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1717050

Applied For

Not Applicable

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

KINSEY, H. GLENN  
627 MADELINE CT.  
W. PALM BEACH FL 33413

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, 2004: 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 **P** ☐ Delete  
NAME KINSEY, H. GLENN  
STREET ADDRESS 627 MADELINE CT.  
CITY-ST-ZIP W. PALM BEACH FL

TITLE **T** ☒ Delete  
NAME KINSEY, RUBY J.  
STREET ADDRESS 627 MADELINE CT.  
CITY-ST-ZIP W. PALM BEACH FL

TITLE **VP** ☒ Delete  
NAME KINSEY, RONALD E.  
STREET ADDRESS 196 NATCHEZ TRACE  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE **S** ☒ Delete  
NAME KINSEY, PATRICIA A (ASST  
STREET ADDRESS 196 NATCHEZ TRACE  
CITY-ST-ZIP ROYAL PALM BEACH FL

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  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 (561) 439 6500  
Date Daytime Phone #