

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 525558 1. Entity Name KINETIC BUILDERS INC.	
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Principal Place of Business 6 PARK CIRCLE S.E. POBOX 55 FT. WALTON BCH, FL 32549	Mailing Address 6 PARK CIRCLE S.E. POBOX 55 FT. WALTON BCH, FL 32549
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KIESZEK, PAUL A
45 EAST AUDREY DR
FT. WALTON BCH, FL 32548



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1712047	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

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 resetting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000775062 01/08/08-80012-023 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIESZEK, PAUL A 45 EAST AUDREY DR FT WALTON BEACH, FL00000, 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS KIESZEK, JOSEPH R 405 HOLMES BLVD. NW FT WALTON BEACH, FL00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIESZEK, LARRY D 8302 N W 18TH AVE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIESZEK, MARK R. 1221 TWYN BAY DR. FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIESZEK, DAVID J. 1050 NW 2ND ST GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIESZEK, ANDREW J 1050 NW 2ND ST GAINESVILLE, FL 32601

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: Paul A. Kieszek - PAUL A. Kieszek 1/3/08 850-244-0931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #