


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90020 029 \*\*\*150.00

**DOCUMENT # 557625**  
 1. Entity Name  
**KINGFISHER FINANCE. INC.**



Principal Place of Business  
**10800 S. TROPICAL TRAIL  
 MERRITT ISLAND, FL 32952**

Mailing Address  
**10800 S. TROPICAL TRAIL  
 MERRITT ISLAND, FL 32952**

**40033822**



2. Principal Place of Business  
**4512 SE Peachwood Terr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 6167**  
 Suite, Apt. #, etc.

03042005 Chg-P CR2E034 (10/03)

City & State  
**Stuart, FLORIDA**

City & State  
**Stuart, FLORIDA**

4. FEI Number  
**59-1824834**

Applied For  
 Not Applicable

Zip  
**34997**

Country  
**USA**

Zip  
**34997**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WEINROTH, JACK  
 10800 S. TROPICAL TRAIL  
 MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent  
 Name  
**DAMSKY, CAROLANN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4512 SE Peachwood Terrace**  
 City  
**Stuart** **FL** Zip Code  
**34997**

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 *Carolann Damsky* DATE 3/13/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	<b>P</b> <b>WEINROTH, JACK</b> <b>10800 S. TROPICAL TRAIL</b> <b>MERRITT ISLAND, FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CAROLANN DAMSKY</b> <b>4512 SE PEACHWOOD TERRACE</b> <b>STUART FLORIDA 34997</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carolann Damsky* DATE 3/13/05 (772) 288-0169  
Signature and typed or printed name of signing officer or director Date Daytime Phone #