


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 557625</b> 1. Entity Name KINGFISHER FINANCE. INC.	
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Principal Place of Business 10800 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	Mailing Address 10800 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
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40033822



2. Principal Place of Business 4512 SE Peachwood Terr Suite, Apt. #, etc.	3. Mailing Address PO Box 6167 Suite, Apt. #, etc.
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03042005 Chg-P CR2E034 (10/03)

City & State Stuart, FLORIDA	City & State Stuart, FLORIDA
Zip 34997	Country USA

4. FEI Number 59-1824834	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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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
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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 <u>Carolann Damsky</u> DATE <u>3/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEINROTH, JACK 10800 S. TROPICAL TRAIL MERRITT ISLAND, FL <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CAROLANN DAMSKY 4512 SE PEACHWOOD TERRACE STUART FLORIDA 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: <u>Carolann Damsky</u> DATE <u>3/13/05</u> (772) 288-0169 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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