2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # H16705

1. Entity Name
KEMPFER SAWMILL, INC.

Principal Place of Business	Mailing Address
6254 KEMPFER RD. SAINT CLOUD, FL 34773	6254 KEMPFER RD. SAINT CLOUD, FL 34773

01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2436470
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEMPFER, G. REED
6254 KEMPFER RD.
ST. CLOUD, FL 34773

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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 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	VP
NAME	KEMPFER, G. REED
STREET ADDRESS	6254 KEMPFER RD.
CITY-ST-ZIP	ST. CLOUD, FL
TITLE	P
NAME	KEMPFER, WILLIAM C.
STREET ADDRESS	8053 U.S. 192
CITY-ST-ZIP	MELBOURNE, FL
TITLE	S
NAME	BELL, W. C.
STREET ADDRESS	5300 HAYWOOD RUFFIN RD.
CITY-ST-ZIP	ST. CLOUD, 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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02/07/05-80032-001 150.00

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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: W.C. Bell 2/4/2005 407-892-2958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W.C. Bell