

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # K96741

1. Entity Name

SINERSON ENTERPRISES, INC.



Principal Place of Business

4711 SE 18TH AVE
OCALA FL 34480
US

Mailing Address

4711 SE 18TH AVE
OCALA FL 34480
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2955129

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINDERSON, TIMOTHY C
4711 SE 18 AVENUE
OCALA FL 34480

7. Name and Address of New Registered Agent

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD ☐ Delete
NAME SINERSON, KAREN P.
STREET ADDRESS 4711 SE 18 AVENUE
CITY-STATE-ZIP Ocala FL

TITLE STD ☐ Delete
NAME SINERSON, TIMOTHY C.
STREET ADDRESS 4711 SE 18 AVENUE
CITY-STATE-ZIP Ocala FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000634606
02/22/07-80018-010.158.75

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karen P. Sinerson Karen P. Sinerson Feb 11-07 620-2896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(352)