



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91028 048 \*\*\*158.75

<b>DOCUMENT # M70011</b> 1. Entity Name <b>DAVID A. KINTNER, INC.</b>					
Principal Place of Business <b>DAVIDAKINTERINC</b> <b>374 MAGNOLIA DRIVE</b> <b>JUPITER FL 33458 US</b>			Mailing Address <b>DAVIDAKINTERINC</b> <b>374 MAGNOLIA DRIVE</b> <b>JUPITER FL 33458 US</b>		
2. Principal Place of Business <b>374 Magnolia DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>374 Magnolia DRIVE</b> Suite, Apt. #, etc.			
City & State <b>JUPITER FL</b> Zip <b>33458</b>		City & State <b>JUPITER FLORIDA</b> Zip <b>33458</b>		4. FEI Number <b>65-0040541</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03032004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>ERICSON, DEBRA A</b> <b>8819 N. VIRGINIA AVE</b> <b>WEST PALM BEACH, FL 33418</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KINTNER, DAVID A 374 MAGNOLIA DRIVE JUPITER, FL 33458	<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	PT KINTNER, KATHRYN G. 374 MAGNOLIA DRIVE JUPITER, FL 33458	<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	D MORGAN, SHANNON L 413 MORNING DOVE POINTE JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, SHANNON L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6061 FOSTER STREET JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, CHRISTOPHER T 413 MORNING DOVE POINTE JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN CHRISTOPHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6061 FOSTER STREET JUPITER, FL 33458
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
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>Kathryn G Kintner</u> KATHRYN G KINTNER 4-3-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					