# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000003627

1. Entity Name

KINSMAN TRANSPORTATION, INC.

FILED
03-29-2005 90012 034 ****70.00
05 MAY -4 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 2207 GREENVIEW CIRCLE<br>ORLANDO FL 32808 | 2207 GREENVIEW CIRCLE<br>ORLANDO FL 32808 |

1st MOORE CR2E037 (10/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3718A SILVER STAR RD | 3718A SILVER STAR RD |
| Suite, Apt. #, etc.: A | Suite, Apt. #, etc.: A |
| City & State: ORLANDO FL | City & State: ORLANDO FL |
| Zip: 32808 Country: ORANGE | Zip: 32808 Country: ORANGE |

4. FEI Number: 59-3344140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WATKINS, KENNETH<br>2207 GREENVIEW CIRCLE<br>ORLANDO FL 32808 | Name: KENNETH WATKINS<br>Street Address (P.O. Box Not): 2207 GREENVIEW CIRCLE FL<br>City: ORLANDO FL Zip Code: 32808 |

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: KENNETH WATKINS (DIRECTOR) 3-22-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WATKINS, KENNETH<br>2207 GREENVIEW CIRCLE<br>ORLANDO FL 32808 | ☐ Delete<br>PRESIDENT / DIRECTOR | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | LINNEA KING<br>3430 RENEGADE<br>ORLANDO FL. 32814 | ☐ Change ☒ Addition<br>SECRETARY |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ATD<br>BULLOCK, BENITA<br>3077 WHISPER LAKE LANE<br>WINTER PARK FL 32792 | ☐ Delete<br>V. PRESIDENT | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MARTIN, DONNA<br>811 MAPLE FOREST AVE<br>CLERMONT FL 34711 | ☐ Delete<br>TREASURER | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>ALEXANDER, WANDA<br>4305 CLARINDA ST<br>ORLANDO FL 32811 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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 617, 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:** Kenneth Watkins 3-22-05 (407) 2965083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #