


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000027469</b> 1. Entity Name <b>DARRELL EDWIN KINSEY, INC.</b>	
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Principal Place of Business <b>3481 BASSETT DAIRY RD. MONTICELLO, FL 32344</b>	Mailing Address <b>3481 BASSETT DAIRY RD. MONTICELLO, FL 32344</b>
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**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3708176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**KINSEY, DARRELL  
3481 BASSETT DAIRY RD.  
MONTICELLO, FL 32344**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KINSEY, DARRELL 3481 BASSETT DAIRY RD. MONTICELLO, FL 32344
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U00000165736  
07/12/04-80024-025 150.00

U00000165736  
07/12/04-80024-026 8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Darrell Kinsey Darrell Kinsey 7-7-04 850 99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #