## 2007 FOR PROFIT CORPORATION \*\* ANNUAL REPORT

## **DOCUMENT # P00000027469**

1. Entity Name

DARRELL EDWIN KINSEY, INC.



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3481 BASSETT DAIRY RD. MONTICELLO, FL 32344

3481 BASSETT DAIRY RD. MONTICELLO, FL 32344



## DO NOT WRITE IN THIS SPACE

04092007 No Chg-P

-P CR2E034 (11/05)

4. FEI Number 59-3708176

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSEY, DARRELL 3481 BASSETT DAIRY RD. MONTICELLO, FL 32344

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

Davime Phone #

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 reinstating).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSEY, DARRELL 3481 BASSETT DAIRY RD. MONTICELLO, FL 32344				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000714633 04/27/07-80032-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
THTLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.					

OFFICER OR DIRECTOR