2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90050 013 ***150.00

DOCUMENT # **P01000095026**

1. Entity Name
KINSELL & SALTER, P.A.

Principal Place of Business	Mailing Address
408 W. UNIVERSITY AVE, SUITE 501 GAINESVILLE FL 32601	408 W. UNIVERSITY AVE, SUITE 501 SUITE A GAINESVILLE FL 32601

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
408. W. University Ave.	408 W. University Ave.
Suite, Apt. #, etc.: Suite 1101	Suite, Apt. #, etc.: Suite 1101
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32601 Country: USA	Zip: 32601 Country: USA

4. FEI Number 59-3754187 — ~~Applied For~~ / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KINSELL, MILES
408 W. UNIVERSITY AVE, SUITE 501
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name: Miles Kinsell
Street Address (P.O. Box Number is Not Acceptable): 408 W. University Ave. Suite 1101
City: Gainesville **FL** Zip Code: 32601

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] DATE 4/20/04
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, 2004 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	D	☒ Delete
NAME	SALTER, DAVID P	
STREET ADDRESS	4020 NW 21ST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	PD	☐ Delete
NAME	KINSELL, STEVEN MILES	
STREET ADDRESS	9620 SW 32ND LN.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] Miles Kinsell — 4/20/04 — (352) 375-6229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #