

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2008 08:00 AM
Secretary of State**

DOCUMENT # P02000088551



1. Entity Name
KINLAIN CORP.

Principal Place of Business

**495 W. TED WILLIAMS CT.
HERNANDO, FL 34442**

Mailing Address

**495 W. TED WILLIAMS CT.
HERNANDO, FL 34442**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1841668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ABEL, ERIC D
495 W. TED WILLIAMS CT.
HERNANDO, FL 34442**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABEL, ERIC D 495 W. TED WILLIAMS CT. HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, CLAUDIA F SEC 495 W. TED WILLIAMS CT. HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000833254
02/28/08-80005-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC D. ABEL, PRESIDENT

2/18/2008

352-746-4767

Date

Daytime Phone #