

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 JUL -1 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54045145



04052004 Chg-P CR2E034 (10/08)

DOCUMENT # P03000035398					
1. Entity Name KINSMAN CLEARWATER PROPERTIES CORPORATION					
Principal Place of Business ONE STEINBRENNER DR TAMPA, FL 33614			Mailing Address ONE STEINBRENNER DR TAMPA, FL 33614		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent TATE, MARK T 212 S MAGNOLIA AVE TAMPA, FL 33606				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
8. The above named entity submits the 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 with this reporting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBRENNER, HAROLD Z ONE STEINBRENNER DR TAMPA, FL 33614		☐ 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
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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)(D), Florida Statute. 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 affidavit, with all other like empowered.					
SIGNATURE:			4/16/04		
SIGNATURE AND PRINTED NAME OF BOARDS OFFICER OR DIRECTOR			Date Daytime Phone #		

Kinsman Clearwater Properties Corporation

**One Steinbrenner Drive
Tampa, Florida 33614
(813) 281-9001**

July 1, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

VIA: Facsimile 850-245-6017

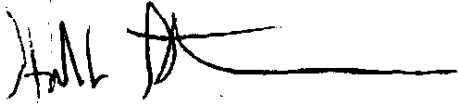
Re: Document # P03000035398, Kinsman Clearwater Properties Corporation

To Whom It May Concern:

We did not receive your letter May 10, 2004 requesting additional information on our 2004 For Profit Corporation Annual Report. The Federal Identification Number for this corporation is 56-2339148.

I trust that this information completes our filing requirements this year. Please contact Tony Bruno in my office at 813-673-3130 if you have any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read 'H. Steinbrenner', followed by a long horizontal line extending to the right.

Harold Z. Steinbrenner