

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2005 08:00 AM
Secretary of State**

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**



01032005

No Chg-P

CR2E034 (10/03)

4. FEI Number

56-2339148

Approved For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TATE, MARK T
212 S MAGNOLIA AVE
TAMPA, FL 33606**

**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, handwritten name of registered agent or director

(NOTE: Registered Agent's signature required when not a director)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

STEINBRENNER, HAROLD Z

STREET ADDRESS

ONE STEINBRENNER DR

CITY ST ZIP

TAMPA, FL 33614

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

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CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

U00000360059
05/05/05-80018-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Official Phone #

4/28/05

813-673-3130