2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000035398

1. Entity Name

KINSMAN CLEARWATER PROPERTIES CORPORATION



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

ONE STEINBRENNER DR **TAMPA, FL 33614**

ONE STEINBRENNER DR **TAMPA, FL 33614**



DO	NOT	WRITE	IN	THIS	SPACE
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CR2E034 (11/05) No Chg-P 02062007

4. FEI Number 56-2339148

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TATE, MARK T

DO NOT WRITE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if upokicible. (NOTE: Registered Agent signature recoiled when rematating) Part Description St. 00 May Be Added to Fees 10. OFFICERS AND DIRECTORS Description STEINBRENNER, HAROLD Z ONE STEINBRENNER, HAROLD Z ONE STEINBRENNER DR TAMPA, FL 33614 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TAMPA, FL 33614 DO NOT WRITE INTERINACE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY	TAMPA, FL 33606				IN THIS SPACE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature resustating) FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME STEINBRENNER, HAROLD Z ONE STEINBRENNER DR TTAMPA, FL 33614 TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP DO NOT WRITE IN THIS SPACE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP THE NAME STREET ADDRESS CITY-S1-ZP	the obligations of		urpose of changing its registered	office or re	registered agent, or both, in the State of Florida. I am famil	iar with, and accept	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURESignature	re, typed or printed name of registered agent and title if	applicable. (NOTE: Registered A	gent signature	ure required when reinstating) DATE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 Liberaby 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	NAME STREET ADDRESS CITY-ST-ZIP	,					

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

Daytime Phone #