

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90270 010 \*\*\*158.75

DOCUMENT # P03000047128

1. Entity Name

KOONSEIN VENTURES, INC.

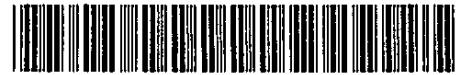


Principal Place of Business

36440 US HWY 19 N  
SUITE A  
PALM HARBOR FL 34684  
US

Mailing Address

PO BOX 1344  
SEYMOUR TN 37865  
US



2. Principal Place of Business

36436 US Hwy. 19 N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 36436

City & State

Palm Harbor FLA.

34684

Country

USA

City & State

34684

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

41-2108917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB PA  
2475 ENTERPRISE RD.  
SUITE #100  
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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 KOON, STEPHEN L  
STREET ADDRESS 235 SKI MOUNTAIN RD.  
CITY-ST-ZIP GATLINBURG TN 37738

TITLE D ☐ Delete  
NAME KOON, EUNICE SEIN  
STREET ADDRESS 235 SKI MOUNTAIN RD.  
CITY-ST-ZIP GATLINBURG TN 37738

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DTS ☒ Change ☐ Addition  
NAME KOON, EUNICE SEIN  
STREET ADDRESS 235 SKI MT. RD.  
CITY-ST-ZIP GATLINBURG, TN. 37738

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

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

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

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 exemptions contained in Section 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:

*Eunice S. Koon, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06 727-804-9402  
Daytime Phone #