

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90052 030 ***150.00

DOCUMENT # P04000012228					
1. Entity Name KINEER CONTRACTING INC.					
Principal Place of Business 195 COUNTRY CIR. DR. EAST PORT ORANGE, FL 32128			Mailing Address 195 COUNTRY CIR. DR. EAST PORT ORANGE, FL 32128		
2. Principal Place of Business 2160 W. Spruce Creek Circle Suite, Apt. #, etc. Port Orange, FL City & State 32128 Zip Country Volusia		3. Mailing Address 2160 W. Spruce Creek Circle Suite, Apt. #, etc. Port Orange, FL City & State 32128 Zip Country Volusia			
4. FEI Number 90-0139158		01222005 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent KNEER, PAMELA L 195 COUNTRY CIR. DR. EAST PORT ORANGE, FL 32128			7. Name and Address of New Registered Agent Name: Pamela L. Kneer Street Address (P.O. Box Number is Not Acceptable): 2160 W. Spruce Creek Circle Port Orange, FL 32128 City: Port Orange, FL Zip Code: 32128		
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: <u>Pamela Kneer</u> DATE: <u>1-22-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KNEER, RONALD K 195 COUNTRY CIR. DR. EAST PORT ORANGE, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNEER, JOHN L 4191 BUDD RD. NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Ronald Kneer</u>		1-22-05 386-322-3231			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			