

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105940

FILED
Mar 08, 2005
Secretary of State

Entity Name: KINGSTREE ENTERPRISES, INC.

Current Principal Place of Business:

P. O. BOX 1298
HIGHLANDS CITY, FL 33846 US

New Principal Place of Business:

P. O. BOX 1298
HIGHLAND CITY, FL 33846 US

Current Mailing Address:

P. O. BOX 1298
HIGHLANDS CITY, FL 33846 US

New Mailing Address:

P. O. BOX 1298
HIGHLAND CITY, FL 33846 US

FEI Number: 38-3705652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSHANE HOLDINGS LLC
4234 SUNNY VIEW DR.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

COSHANE HOLDINGS LLC
P. O. BOX 1298
HIGHLAND CITY, FL 33846 US

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.

SIGNATURE: TOM CARTER, MEMBER

03/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, THOMAS B
Address: P. O. BOX 1298
City-St-Zip: HIGHLANDS CITY, FL 33846 US

Title: SECT (X) Delete
Name: CARTER, BETH
Address: P. O. BOX 1298
City-St-Zip: HIGHLANDS CITY, FL 33846 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: COSHANE HOLDINGS, LL, C
Address: P. O. BOX 1298
City-St-Zip: HIGHLAND CITY, FL 33846 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CARTER, MEMBER

O

03/08/2005

Electronic Signature of Signing Officer or Director

Date