

FILED
May 03, 2007 08:00
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000116922

1. Entity Name:
 KIEL FARM & FORESTRY OPS, INC.



Principal Place of Business:
 2457 SPRUCE VIEW WAY
 PORT ORANGE, FL 32128 US

Mailing Address:
 2457 SPRUCE VIEW WAY
 PORT ORANGE, FL 32128 US



01162007 No Chg P CR21034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFL Number:
 20-1475794

Applied For
 Not Applied For

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAIBLE, JULIE D
 121 DUNDUFF ROAD
 DAYTONA BEACH, FL 32118

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity provides 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 of person authorized to file this report and file applicable fee

Signature of Registered Agent (person or company) when one change

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Florida Campaign Financing
 Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

NAME: KIEL, RUDOLFO J
 ADDRESS: 2457 SPRUCE VIEW WAY
 CITY: PORT ORANGE, FL 32128
 TITLE: VP
 NAME: KIEL, JEFFREY W
 ADDRESS: 2457 SPRUCE VIEW WAY
 CITY: PORT ORANGE, FL 32128

1000000758303
 05/23/07-80106-020 150.00

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 130, 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee