

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000127489

1. Entity Name
KINGSART INC.



Principal Place of Business
**1312 ILLINOIS AVE, SUITE A
SAINT CLOUD, FL 34769**

Mailing Address
**1312 ILLINOIS AVE, SUITE A
SAINT CLOUD, FL 34769**



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3563127

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARBRIDGE, CHERIE
2395 LAKOTA LANE
SAINT CLOUD, FL 34772**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000941481
05/28/08-80107-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PEARISON, RENEE
5434 ALFRED STREET
CROZET, VA 22932**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
BLACKWELL, TRISHA
400 CHANCELLOR COURT
SAINT CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARBRIDGE, CHERIE
2395 LAKOTA LANE
ST CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEARISON, MONTY R
5434 ALFRED STREET
CROZET, VA 22932**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLACKWELL, NATHAN
400 CHANCELLOR CT
ST CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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: *Cherie Harbridge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08 *407-892-5000*
Date Daytime Phone #