

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-14-2007 90055 022 ***150.00

DOCUMENT # P06000073562 1. Entity Name KINGSLEY PROPERTIES MANAGEMENT CO.					
Principal Place of Business 1550 S GOLDENEYE LANE HOMESTEAD FL 33035-1027				Mailing Address 1550 S GOLDENEYE LANE HOMESTEAD FL 33035-1027	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-8011541				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUNDERSON, LEIF K 1550 S GOLDENEYE LANE HOMESTEAD FL 33035-1027			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 officer applicable (NOTE: Registered Agent Signature required when remaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GUNDERSON, LEIF K 1550 S GOLDENEYE LANE HOMESTEAD FL 33035-1027 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	C/P/S ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GUNDERSON, AVA B 1550 S GOLDENEYE LANE HOMESTEAD FL 33035-1027 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/V ☒ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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: <u><i>Leif K. Gunderson</i></u> Pres + CEO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-1-07 Date		