

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000041693

1. Entity Name
KINSMAN HOTEL ASSOCIATES, INC.



Principal Place of Business
3712 S.W. 38TH AVE
OCALA, FL 34474-4379 US

Mailing Address
3712 S.W. 38TH AVE.
OCALA, FL 34474-4379 US



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3187994

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TATE, MARK T
418 W PLATT STREET
TAMPA, FL 33606

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD
NAME STEINBRENNER, GEORGE M III
STREET ADDRESS 3802 DR MLK BLVD
CITY-ST-ZIP TAMPA, FL 33614

TITLE PD
NAME STEIMLE, DON
STREET ADDRESS 3802 DR MLK BLVD
CITY-ST-ZIP TAMPA, FL 33614

TITLE D
NAME STEINBRENNER, HENRY G
STREET ADDRESS 3802 DR MLK BLVD
CITY-ST-ZIP TAMPA, FL 33614

TITLE D
NAME STEINBRENNER, JOAN
STREET ADDRESS 3802 DR MLK BLVD
CITY-ST-ZIP TAMPA, FL 33614

TITLE D
NAME SWINDAL, JENNIFER S
STREET ADDRESS 3802 DR MLK BLVD
CITY-ST-ZIP TAMPA, FL 33614

TITLE ST
NAME STEINBRENNER, HAROLD Z
STREET ADDRESS 3802 DR MLK BLVD
CITY-ST-ZIP TAMPA, FL 33614

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04/09/05-80036-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Don Steimle 4-7-05 352-7323131