

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90017 037 \*\*\*150.00

**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

**50000562**

2. Principal Place of Business

3. Mailing Address

**1900 SW 60 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Ocala, FL 3**

4. FEI Number

**59-3187994**

Applied For

Not Applicable

Zip

Country

Zip

**34474**

Country

**USA**

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

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

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 title if applicable

(NOTE: Registered Agent signature required when reconstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 ☐ Delete  
NAME STEINBRENNER, GEORGE M III  
STREET ADDRESS 3802 DR MLK BLVD  
CITY-ST-ZIP TAMPA, FL 33614

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352**  
**2-24-06** **923 2419**