2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90027 005 ***150.00

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1. Entity Name
KINTECH MANUFACTURING, INC.

Principal Place of Business	Mailing Address
400 VENTURE DR SUITE D SOUTH DAYTONA, FL 32119 US	P.O. BOX 290632 PORT ORANGE, FL 32129-0632

400051330

04032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
981 Bramble Bush Cr. E.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE, FL	City & State
Zip: 32127 Country: USA	Zip Country

4. FEI Number: 59-3238054 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KINION, ELAINE
981 BRAMBLE BUSH CIRCLE EAST
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

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 Elaine Kinion Elaine Kinion 4-3-07
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, 2007 Fee will be $550.00

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	VST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KINION, ELAINE		NAME	
STREET ADDRESS	981 BRAMBLE BUSH CR E		STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KINION, KEVIN		NAME	
STREET ADDRESS	981 BRAMBLE BUSH CR E		STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Elaine Kinion Elaine Kinion 4-3-07 386-756-8612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #