## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 15, 2006 08:00 AM **DOCUMENT # P95000058705 Secretary of State** 1. Entity Name KISSIMMEE PROPERTY RENTAL II, INC. Principal Place of Business Mailing Address 4440 WHITE OAK CIRL 4440 WHITE OAK CIRL KISSIMMEE, FL 34746 US KISSIMMEE, FL 34746 US CR2E034 (11/05) 02112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3334849 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WOOD, JOHN DO NOT WRITE 4440 WHITE OAK CIR KISSIMMEE, FL 34746 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPST TILLE WOOD, JOHN NAME STITLE I ADDRESS 4440 WHITE OAK CIR KISSIMMEE, FL CITY-ST-ZIP mur U00000435458 02/25/06-80042-020 1**50.00** NAME STIRET ADDRESS CITY-ST-7/P mre NAKT STREET ADDRESS DO NOT WRITE CFTY-ST-ZIP ME IN THIS SPACE NAME STREET ADDRESS CXTY-57-27 MILE NAME

12. Thereby 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 curporation 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE JOHN L HOOD

STREET ADDRESS
CHY-SI-ZIP
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NAME
STREET ADDRESS
CHY-SI-ZIP

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