

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90030 045 ***158.75

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1. Entity Name

KOUNTREE RV, INC.



Principal Place of Business

8230 COLLIER BLVD
NAPLES FL 34114

Mailing Address

8230 COLLIER BLVD
NAPLES FL 34114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2778431

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTINAT, FRITZ O. P
8230 COLLIER BLVD
NAPLES FL 34114

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 P ☐ Delete
NAME CHRISTINAT, FRITZ O P
STREET ADDRESS 11940 GLENSHORE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☒ Change ☐ Addition
NAME 11940 GLENSHORE DRIVE
STREET ADDRESS 11940 GLENSHORE DRIVE
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME CHRISTINAT, CAROL
STREET ADDRESS 11940 GLENSHORE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☒ Change ☐ Addition
NAME 11940 GLENSHORE DRIVE
STREET ADDRESS 11940 GLENSHORE DRIVE
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CHRISTINAT, WALTER
STREET ADDRESS 8230 COLLIER BLVD
CITY-ST-ZIP NAPLES FL 34114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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 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: *Christinat* FRITZ CHRISTINAT

1 MAR 14 06 239-72-4340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #