2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000008841

1. Entity Name
KOUNTREE RV, INC.

Principal Place of Business	Mailing Address
8230 COLLIER BLVD NAPLES, FL 34114	8230 COLLIER BLVD NAPLES, FL 34114

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2778431
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000585698
01/16/07-80023-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHRISTINAT, FRITZ O P
STREET ADDRESS	11940 GLENMORE DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	ST
NAME	CHRISTINAT, CAROL
STREET ADDRESS	11940 GLENMORE DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VP
NAME	CHRISTINAT, WALTER
STREET ADDRESS	8230 COLLIER BLVD
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: F Christinat FRITZ CHRISTINAT 01/10/07 239-774-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #