

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90043 026 ***150.00

DOCUMENT # P97000029224

1. Entity Name

TENSTAR INVESTMENTS, INC.



Principal Place of Business

ROUTE 12 BOX 916
LAKE CITY FL 32025

Mailing Address

ROUTE 12 BOX 916
LAKE CITY FL 32025

2. Principal Place of Business

638 NW Clubview Cir.
Suite, Apt. #, etc.

3. Mailing Address

638 NW Clubview Cir.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

LAKE CITY, FL.

City & State

LAKE CITY, FL.

4. FEI Number

59-3448077

Applied For

Not Applicable

Zip

32055

Country

Columbia

Zip

32055

Country

Columbia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEITH, CHARLES G

ROUTE 12 BOX 916

LAKE CITY FL 32025

638 NW Clubview Cir.

LAKE CITY, FL. 32055

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

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, 2005 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

TITLE P ☐ Delete
NAME KAHNICH, MIKE
STREET ADDRESS ROUTE 1 BOX 145-K
CITY-ST-ZIP LAKE CITY FL 32055

TITLE S ☐ Delete
NAME MURPHY, TIM
STREET ADDRESS P.O. BOX 2157
CITY-ST-ZIP LAKE CITY FL 32056

TITLE D ☐ Delete
NAME ALLINDER, DAVY
STREET ADDRESS 534 SOUTH ALACHUA STREET
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ Delete
NAME CHESHIRE, RAYMOND
STREET ADDRESS RT 7 BOX 384
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D ☐ Delete
NAME PEELER, DALE
STREET ADDRESS ROUTE 12 BOX 916
CITY-ST-ZIP LAKE CITY FL 32025

TITLE T ☐ Delete
NAME KEITH, CHARLIE
STREET ADDRESS ROUTE 12 BOX 916
CITY-ST-ZIP LAKE CITY FL 32025

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME KAHNICH, MIKE
STREET ADDRESS 8575 N. Hwy 441
CITY-ST-ZIP LAKE CITY, FL. 32055

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

TITLE D ☒ Change ☐ Addition
NAME ALLINDER, DAVY
STREET ADDRESS 209 SE ROMEO LN.
CITY-ST-ZIP LAKE CITY, FL. 32025

TITLE D ☒ Change ☐ Addition
NAME CHESHIRE, RAYMOND
STREET ADDRESS 8002 KNIGHTS GRIFFIN RD.
CITY-ST-ZIP PLANT CITY, FL. 33565

TITLE D ☒ Change ☐ Addition
NAME PEELER, DALE
STREET ADDRESS 942 SW SEVILLE LN.
CITY-ST-ZIP LAKE CITY, FL. 32024

TITLE T ☒ Change ☐ Addition
NAME KEITH, CHARLES G.
STREET ADDRESS 638 NW CLUBVIEW CIR.
CITY-ST-ZIP LAKE CITY, FL. 32055

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles G. Keith* CHARLES G. KEITH 2-1-05 (386) 752-6927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #