

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

DOCUMENT # P97000029224

1. Entity Name

TENSTAR INVESTMENTS, INC.



Principal Place of Business

638 NW CLUBVIEW CIR  
LAKE CITY FL 32055

Mailing Address

638 NW CLUBVIEW CIR  
LAKE CITY FL 32055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3448077

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEITH, CHARLES G  
638 NW CLUBVIEW CIR  
LAKE CITY FL 32055

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 re-instating)

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	<input type="checkbox"/> Delete
NAME	KAHLICH, MIKE	
STREET ADDRESS	8575 N HWY 441	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	S	<input type="checkbox"/> Delete
NAME	MURPHY, TIM	
STREET ADDRESS	P.O. BOX 2157	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLINDER, DAVY	
STREET ADDRESS	209 SE ROMEO LN	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHESHIRE, RAYMOND	
STREET ADDRESS	8002 KNIGHTS GRIFFIN RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEELER, DALE	
STREET ADDRESS	942 SW SEVILLE LN	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEITH, CHARLES G	
STREET ADDRESS	638 NW CLUBVIEW CIR	
CITY-ST-ZIP	LAKE CITY FL 32055	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	000000395436
CITY-ST-ZIP	01/26/06-80047-006 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

*Charles G. Keith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 (386) 754-0330

Date

Daytime Phone #