

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000058023**

1. Entity Name  
**KISNER ENTERPRISES, INC.**



Principal Place of Business  
**423 ST ANNS DRIVE  
WINTER HAVEN, FL 33884 US**

Mailing Address  
**423 ST ANNS DRIVE  
WINTER HAVEN, FL 33884 US**



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0767830**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KISNER, PEGGY K  
423 ST ANNS DRIVE  
WINTER HAVEN, FL 33884**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000101088

04/01/04-80034-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KISNER, PEGGY M
STREET ADDRESS	423 ST ANNS DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	KISNER, MEADE G
STREET ADDRESS	423 ST ANNS DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
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 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: Meade G. Kisner MEADE G KISNER 3-27-04 8633244940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #