

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Mar 06, 2006 08:00 AM
Secretary of State



01062006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0767830

Applied For
Not Applicable

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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	

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03/16/06-80034-013 150.00

**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: Meade G. Kisner MEADE G Kisner VP 3-206 8633244940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #