

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000058023

1. Entity Name
KISNER ENTERPRISES, INC.



FILED
Mar 05, 2007 08:00 A
Secretary of State

Principal Place of Business

423 ST ANNS DRIVE
WINTER HAVEN, FL 33884 US

Mailing Address

423 ST ANNS DRIVE
WINTER HAVEN, FL 33884 US



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$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

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03/14/07 800000-006-150.00

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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 Kiser VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07
Date

863 324 4940
Daytime Phone #