


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # S32575 1. Entity Name DAVID A. KINSER & ASSOCIATES, INC.	
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Principal Place of Business 306 S. BOULEVARD TAMPA, FL 33606	Mailing Address 306 S. BOULEVARD TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3050614	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KINSER, DAVID A. 306 S. BOULEVARD TAMPA, FL 33606
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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 _____ (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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINSER, DAVID A. 306 SOUTH BLVD. TAMPA, FL 336062151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINSER, DEBRA S 306 S BLVD TAMPA, FL 336062151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, JERRY L 204 NORTH MACDILL AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, JANET M 204 NORTH MACDILL AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/11/07-80002-015 150.00

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: David A. Kinser, President 4/24/07 (813) 532-6027
 _____ Date Daytime Phone #

APP # 7007 0220 0002 1228 4599