2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 07, 2006 08:00 AM DOCUMENT # \$46175 **Secretary of State** 1. Entity Name THE KINSMAN TREE, INC. Principal Place of Business Mailing Address 500 SW 10TH ST. 500 SW 10TH ST. SUITE 305 SUITE 305 OCALA FL 34474 US OCALA FL 34474 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. It, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Apphed For City & State 59-3063106 Not Applicab Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARO, MARTHA E Street Address (P.O. Box Number is Not Acceptable) 500 SW 10TH ST SUITE 305 OCALA FL 34474 City Zia 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 Segnature, typed or proced marrie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE □ Detete TITLE ☐ Change ☐ Addition NAME CARO, MARTHA E NAME STREET ADDRESS STREET ADDRESS 500 SW 10TH ST SUITE 305 City-St-ZIP CITY-ST-ZIP **OCALA FL 34474** Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-29P ☐ Change Addition mile Detete 10701 NAME NAM STREET ADDRESS STREET ADDRESS CTTY-ST-ITF CITY-ST-ZIP ☐ Change Addition TITLE Detete. TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CITY-ST-ZIP Change □ Λοάδοση HILL ☐ Delete HILE MAME NAME STIRET ADDRESS STREET AODRESS CSTY -ST-20P CHY-ST-ZIP 12. Thereby 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 path, 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

HARTHA E. CARO

SIGNATURE: 1

**FILED** 

3/04/06 (252)351-1715