2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90040 018 ***150.00

DOCUMENT # S46175

1. Entity Name

THE KINSMAN TREE, INC.

Principal Place of Business	Mailing Address
500 SW 10TH ST. SUITE 305 OCALA FL 34474 US	500 SW 10TH ST. SUITE 305 OCALA FL 34474 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
500 SW 10th St.		500 SW 10th St.	
Suite, Apt. #, etc.: Suite 305		Suite, Apt. #, etc.: Suite 305	
City & State: Ocala, FL		City & State: Ocala, FL	
Zip: 34471	Country: MARION	Zip: 34471	Country: MARION

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3063106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARO, MARTHA E
500 SW 10TH ST
SUITE 305
OCALA FL 34474

7. Name and Address of New Registered Agent

Name: CARO, MARTHA E.
Street Address (P.O. Box Number is Not Acceptable): 500 SW 10th St.
Suite 305
City: Ocala **FL** Zip Code: 34471

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CARO, MARTHA E	
STREET ADDRESS	500 SW 10TH ST SUITE 305	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby 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 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: Martha Caro. 3/31/08 (352)351-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #