

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 024 ***150.00

DOCUMENT # 487943

1. Entity Name

ROB-KING ENTERPRISES, INC.



Principal Place of Business

3712 BROADWAY
P.O. BOX 078797
WEST PALM BEACH FL 33407

Mailing Address

3712 BROADWAY
P.O. BOX 078797
WEST PALM BEACH FL 33407

2. Principal Place of Business

3712 Broadway

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8797

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

West Palm Beach, FL

Zip

33407

Country

USA

City & State

West Palm Beach, FL

Zip

33407

Country

USA

4. FEI Number

59-1640520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ROBERT K
220 CHURCHILL RD.
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

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

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 ☐ Delete
NAME **MORRIS, ROBERT K**
STREET ADDRESS **220 CHURCHILL ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
NAME **MORRIS, DOROTHY K**
STREET ADDRESS **211 DANUBE WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
NAME **MORRIS, PAUL K**
STREET ADDRESS **14721 GRANDVIEW**
CITY-ST-ZIP **OVERLAND PARK KA**

TITLE ☐ Delete
NAME **MORRIS, ROBERT E**
STREET ADDRESS **211 DANUBE WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
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
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CITY-ST-ZIP

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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:

Robert E. Morris, Secretary 2/8/06 561-842-8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #