


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 487943 1. Entity Name ROB-KING ENTERPRISES, INC.	
---	---

Principal Place of Business 3712 BROADWAY WEST PALM BEACH FL 33407	Mailing Address POB 8797 WEST PALM BEACH FL 33407
--	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-1640520	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

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 _____ DATE _____
(Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when removing agent.)

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete MORRIS, ROBERT K 220 CHURCHILL ROAD WEST PALM BEACH FL
TITLE	V <input type="checkbox"/> Delete MORRIS, DOROTHY K 211 DANUBE WAY PALM BEACH GARDENS FL 33410
TITLE	T <input type="checkbox"/> Delete MORRIS, PAUL K 14721 GRANDVIEW OVERLAND PARK KA
TITLE	S <input type="checkbox"/> Delete MORRIS, ROBERT E 211 DANUBE WAY PALM BEACH GARDENS FL 33410
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____

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 Morris **Robert Morris** 2/24/08 **561-842-8041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #