

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068613

FILED
Mar 29, 2006
Secretary of State

Entity Name: KING REALTY OF JACKSONVILLE, INC.

Current Principal Place of Business:

9951 ATLANTIC BLVD, STE 322
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3659051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD, BLDG 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: KING, CHARLIE
Address: 9951 ATLANTIC BLVD, STE 322
City-St-Zip: JACKSONVILLE, FL 32225

Title: DPST () Delete
Name: GRAHAM, JEFF L
Address: 9951 ATLANTIC BLVD, STE 322
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF L. GRAHAM

DPST

03/29/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date