

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012908

Entity Name: KNG CORP

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

19509 SPRING OAK DRIVE
EUSTIS, FL 32736

New Principal Place of Business:

19501 SPRING OAK DRIVE
EUSTIS, FL 32736

Current Mailing Address:

19509 SPRING OAK DRIVE
EUSTIS, FL 32736

New Mailing Address:

19501 SPRING OAK DRIVE
EUSTIS, FL 32736

FEI Number: 20-0604988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIACCONE, KRISTA N
19509 SPRING OAK DRIVE
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

GIACCONE, KRISTA N
19501 SPRING OAK DRIVE
EUSTIS, FL 32736 US

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: KRISTA N. GIACCONE

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIACCONE, KRISTA N
Address: 19509 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: VP () Delete
Name: GIACCONE, KRISTA N
Address: 19509 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: S () Delete
Name: GIACCONE, KRISTA N
Address: 19509 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: T () Delete
Name: GIACCONE, KRISTA N
Address: 19509 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIACCONE, KRISTA N
Address: 19501 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: VP (X) Change () Addition
Name: GIACCONE, KRISTA N
Address: 19501 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: S (X) Change () Addition
Name: GIACCONE, KRISTA N
Address: 19501 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: T (X) Change () Addition
Name: GIACCONE, PAULETTE R
Address: 19501 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KRISTA N. GIACCONE

P

04/12/2005

Electronic Signature of Signing Officer or Director

Date