


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000030348**  
1. Entity Name  
**KING M. HAPPNEY, P.A.**



Principal Place of Business  
**847 NO COLLIER BLVD.  
MARCO ISLAND, FL 33937**

Mailing Address  
**639 BIMINI AVE  
MARCO ISLAND, FL 34145 US**

**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0664585** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAPPNEY, KING M  
847 NO COLLIER BLVD.  
MARCO ISLAND, FL 33937**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U00000154507  
05/04/04-80169-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HAPPNEY, KING M 639 BIMINI AVE MARCO ISLAND, FL 34145
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *K.M. Happney* K.M. Happney 4/30/04 239-394-8118

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT DATE DAYTIME PHONE #