


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90197 030 ***150.00

DOCUMENT # 344600 1. Entity Name KING PROVISION CORPORATION					
Principal Place of Business 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL 32211			Mailing Address 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL 32211		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1283120	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACKHOUSE, JENNIFER KING PROVISION CORP 9009 REGENCY SQ BLVD JACKSONVILLE, FL 32211				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEIN, DAVID <input type="checkbox"/> Delete 9009 REGENCY SQ BLVD JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STACKHOUSE JENNIFER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HICKS, EDWARD F. <input type="checkbox"/> Delete 9009 REGENCY SQ BLVD JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELSON, TIM <input checked="" type="checkbox"/> Delete 9009 REGENCY SQ BLVD JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUODVALKIS, AL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9009 REGENCY SQ. BLVD JACKSON	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, MARTIN E., JR. <input type="checkbox"/> Delete 9009 REGENCY SQ BLVD JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, RICHARD W. <input type="checkbox"/> Delete 9009 REGENCY SQ BLVD JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, ROBERT L <input type="checkbox"/> Delete 9009 REGENCY SQUARE BLVD JACKSONVILLE FLA, 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Jennifer D. Stackhouse</i> Jennifer D. Stackhouse 4/27/04 904-725-4122 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					