## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** 03-19-2007 90095 005 \*\*\*150.00 **DOCUMENT #312105** 1. Entity Name KING GEORGE ESTATES, INC. Principal Place of Business Mailing Address 60025222 4675 FRANCISCO RD 4675 FRANCISCO RD PENSACOLAZE, FL 32504 PENSACOLAZE, FL 32504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-P CR2E034 (12/06) City & State City & State 4. EEI Number Applied For 59-1157359 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREWER, JOHN 120 E.MAIN STREET PLEASE REMOVE SUITE B PENSACOLA, FL 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. FREDERICK C. Cook typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Change NAME BREWER, ANNE T NAME STREET ADDRESS 4675 FRANCISCO RD STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP VTSD TITLE ☐ Delete TIDE Change ■ Addition COOK, MCKEE T NAME NAME STREET ADDRESS 2780 BELLE CHRISTIANE CIR STREET ADDRESS PENSACOLA, FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

Dewer SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 19, 2007 8:00 am