

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90014 001 ***300.00

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01262007 Chg-P CR2E034 (12/06)

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 - No P.O. Box # 220 Ponte Vedra Park Dr Suite, Apt. #, etc. #160		3. Mailing Address 220 Ponte Vedra Park Dr. Suite, Apt. #, etc. #160			
City & State Ponte Vedra Beach, FL Zip 32082		City & State Ponte Vedra Beach, FL Zip 32082		4. FEI Number 59-1283120	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
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 David Stein Street Address (P.O. Box Number is Not Acceptable) 220 Ponte Vedra Park Dr. Suite 160 City Ponte Vedra Beach FL Zip Code 32082				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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 9009 REGENCY SQ BLVD JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HICKS, EDWARD F. 9009 REGENCY SQ BLVD JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STACKHOUSE, JENNIFER 9009 REGENCY SQ BLVD JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, MARTIN E., JR. 9009 REGENCY SQ BLVD JACKSONVILLE, FL	<input type="checkbox"/> Delete		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. 9009 REGENCY SQ BLVD JACKSONVILLE, FL	<input type="checkbox"/> Delete		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 9009 REGENCY SQUARE BLVD JACKSONVILLE FLA, 32211	<input type="checkbox"/> Delete		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 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.					
SIGNATURE:			Date 2/15/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		