


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # 430737 1. Entity Name KING'S PARK CO	
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Principal Place of Business 110 E. REYNOLDS STREET SUITE 700 PLANT CITY, FL 33563	Mailing Address POST OFFICE BOX 956 PLANT CITY, FL 33564 US
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01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1497264	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 VERNER, JOHN V 110 E. REYNOLDS STREET PLANT CITY, FL 33563
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERNER, JAMES P 110 E REYNOLDS ST.,STE 700 PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERNER, JOHN V 110 E. REYNOLDS ST.,STE 700 PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUMP, JAMES R 110 E. REYNOLDS ST.,SUITE 700 PLANT CITY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000242998 02/26/05-00003-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  Date 2/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR