

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 443817

FILED  
Jan 08, 2004  
Secretary of State

**Entity Name:** KING INSURANCE AGENCY OF GAINESVILLE, INC.

**Current Principal Place of Business:**

2321 NW 41ST STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2321 NW 41ST STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-1521941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, MALCOLM C  
2936 NW 9TH PLACE  
GAINESVILLE, FL 32604

**Name and Address of New Registered Agent:**

KING, MALCOLM C  
2936 NW 9TH PLACE  
GAINESVILLE, FL 32605

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/08/2004

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KING, MALCOLM CHARLES,  
Address: 2936 NW 9TH PLACE  
City-St-Zip: GAINESVILLE, FL

Title: ST ( ) Delete  
Name: KING, SUSAN INEZ,  
Address: 2936 NW 9TH PLACE  
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KING, MALCOLM CHARLES,  
Address: 2936 NW 9TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: ST (X) Change ( ) Addition  
Name: KING, SUSAN INEZ,  
Address: 2936 NW 9TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM C.KING

Electronic Signature of Signing Officer or Director

PRES

01/08/2004

Date