

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90130 022 ***150.00

DOCUMENT # 555113

1. Entity Name
KINGS BAY FISHING VILLAGE, INC.



Principal Place of Business
**363 NW 14 PLACE
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**7655 W GULF TO LAKE HWY
#14
CRYSTAL RIVER, FL 34429 US**



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1782499

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

EYSTER, JAMES P.
7655 W GULF TO LAKE HWY *7449 W. GULF TO LAKE HWY*
#14 *#5*
CRYSTAL RIVER, FL 34429

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EYSTER, JAMES P
STREET ADDRESS	363 N.W. 14TH PLACE <i>670 NW 14TH PLACE</i>
CITY - ST - ZIP	CRYSTAL RIVER, FL
TITLE	D
NAME	THORNTON, HUGHLEN R
STREET ADDRESS	9107 HUNTER VALLEY LANE
CITY - ST - ZIP	KNOXVILLE, TN 37922
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

3-22-05 *352-795-0986*

Date

Daytime Phone #