


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90035 009 ***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
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2. Principal Place of Business - No P.O. Box # 7449 W. GULF TO LAKE HWY Suite, Apt. #, etc. #5	3. Mailing Address 7449 W. GULF TO LAKE HWY Suite, Apt. #, etc. #5
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City & State CRYSTAL RIVER, FL	City & State CRYSTAL RIVER, FL
Zip 34429	Zip 34429
Country US	Country US


6. Name and Address of Current Registered Agent EYSTER, JAMES P. 7449 W. GULF TO LAKE HIGHWAY # 5 CRYSTAL RIVER, FL 34429	
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40058168



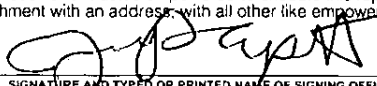
04052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1782499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 	DATE 4-8-07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, HUGHLEN R 9107 HUNTER VALLEY LANE KNOXVILLE, TN 37922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JAMES P EYSTER 570 NW 14 RD. PL. CRYSTAL RIVER FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 4-8-07 352 795-6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #