## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # 555113**

1. Entity Name

KINGS BAY FISHING VILLAGE, INC.



Principal Place of Business

Mailing Address

7449 W GULF TO LAKE HWY

CRYSTAL RIVER, FL 34429 US

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CRYSTAL RIVER, FL 34429 US

## **FILED** Feb 05, 2008 8:00 am Secretary of State

02-05-2008 90006 011 \*\*\*150.00



### DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-1782499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

Fee Required

EYSTER, JAMES P.

6. Name and Address of Current Registered Agent

# DO NOT WRITE

# 5 CRYSTAL RIVER, FL 34429			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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	cing 🗆	\$5.00 May Be Added to Fees	
10. TITLE	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	DEYSTER ELISTER, JAMES P 540 W 14TH PL 570 CRYSTAL RIVER, FL 34428				
	STD EXSTER, JAMES S 1449 W GULF TO LAKE HWY SUITES CRYSTAL RIVER, FL 34429				
TITLE					
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE Name Street address City-St-ZBP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS					

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:

NG OFFICER OR DIRECTOR

2-3<u>-08</u>

Daytime Phone #