

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90202 019 \*\*\*150.00

**DOCUMENT # 641932**

1. Entity Name

KING CHARTER CO.



Principal Place of Business

2125 WINDWARD WAY  
STE 200  
VERO BCH FL 32963  
US

Mailing Address

2125 WINDWARD WAY  
STE 200  
VERO BCH FL 32963  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1944220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABCOCK, CHARLES I, JR  
2125 WINDWARD WAY  
STE 200  
VERO BCH FL 32963

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

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, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BABCOCK, CHARLES I JR.	
STREET ADDRESS	2125 WINDWARD WAY STE 200	
CITY-ST-ZIP	VERO BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BABCOCK, EVELYN E	
STREET ADDRESS	7330 LANE PARK	
CITY-ST-ZIP	DALLAS TX 75222	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BABCOCK, MARY H (ASST)	
STREET ADDRESS	2125 WINDWARD WAY STE 200	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BABCOCK, CHARLES I III	
STREET ADDRESS	1934 SOULE ROAD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BABCOCK, CALVIN H	
STREET ADDRESS	1773 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, MARY E	
STREET ADDRESS	2125 WINDWARD WAY, STE #200	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Mary E. Taylor Mary E. Taylor 4/14/04 (772) 231-7761  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #