


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 712564	
1. Entity Name KING'S PORT, INC.	

Principal Place of Business 2150 GULF SHORE BLVD NORTH NAPLES, FL 34102	Mailing Address 2150 GULF SHORE BLVD NORTH NAPLES, FL 34102
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03222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1273655	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fec Required	

6. Name and Address of Current Registered Agent KRAUS & ASSOCIATES 1072 GOODLETTE ROAD NORTH NAPLES, FL 34102

**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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, HOWARD P 2150 GULF SHORE BLVD N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKER, THOMAS A 2150 GULF SHORE BOULEVARD NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURSTON, LESTER R JR 2150 GULF SHORE BOULEVARD NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, BRYCE A 2150 GULF SHORE BLVD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEWAN, EDWARD 2150 GULF SHORE BLVD. NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/07-80049-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Lester R. Thurston Jr.* President 3/21/07 239-262 7989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #