MAY. 7.2004 9:17AM

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90466 030 ***150.00

DOCUMENT # F02000003692

1. Entity Name
KING FAMILYCO INC.

24074121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5319 KIAMESHA WAY	P.O. BOX 10663
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MESQUITE, TX. 75150	City & State: RIVIERA BCH, FLORIDA
Zip / Country	Zip: 33419- Country: U.S.A.

4. FEI Number: 02-0613775 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LORENZO M. STEWART

Street Address (P.O. Box Number is Not Acceptable)
879 S.E. CELTIC AVE.

City: PORT ST. LUCIE FL Zip Code: 34983

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: Lorenzo M. Stewart 5-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	STEWART, LORENZO M. C 879 S.E. CELTIC AVE. PORT ST. LUCIE, FL. 34983
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ANGELA EGBON 5319 KIAMESHA WAY MESQUITE, TX. 75150
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEONARD JACKSON 9761 TAMALPAIS DR. DALLAS, TX. 75217
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorenzo M. Stewart MAY 7, 2004 561-707-8949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #