

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 007 ***150.00

DOCUMENT # F44699			
1. Entity Name KING OF TRAILS, INC.			
Principal Place of Business 13180 CORBEL CIRCLE APT. 712 FT. MYERS, FL 33907 US		Mailing Address 13180 CORBEL CIRCLE. APT 712 FT. MYERS, FL 33907 US	
2. Principal Place of Business 20325 Foxworth Cir		3. Mailing Address 20325 Foxworth Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Estero, Fla.		City & State Estero, Fla	
4. FEI Number 59-2120116		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUEDTKE, VIRGINIA 13180 CORBEL CIRCLE APT. 712 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name: Luedtke, Virginia Street Address (P.O. Box Number is Not Acceptable): 20325 Foxworth Circle City: Estero FL Zip Code: 33928	
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: <u>Virginia Luedtke</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP	NAME: LUEDTKE, VIRGINIA	TITLE: DP	NAME: Luedtke, Virginia
STREET ADDRESS: 13180 CORBEL CIRCLE APT. 712	CITY-ST-ZIP: FT.MYERS, FL 33907	STREET ADDRESS: 20325 Foxworth Circle	CITY-ST-ZIP: Estero, Fla 33928
TITLE: ST	NAME: LUEDTKE, WILLIAM	TITLE: ST	NAME: Luedtke, William
STREET ADDRESS: 13180 CORBEL CIRCLE APT. 712	CITY-ST-ZIP: FT. MYERS, FL 33907	STREET ADDRESS: 20325 Foxworth Circle	CITY-ST-ZIP: ESTERO, Fla 33928
TITLE: D	NAME: REISDORPH, KENT	TITLE:	NAME:
STREET ADDRESS: 6464 COCOS DR.	CITY-ST-ZIP: FT. MYERS, FL 33907	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: KRESS, NANCY	TITLE:	NAME:
STREET ADDRESS: 14451 OLD HICKORY BLVD.	CITY-ST-ZIP: FT. MYERS, FL 33912	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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: <u>Virginia Luedtke</u>		Date: <u>1/8/06</u> Daytime Phone #: <u>239-948-1013</u>	