


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90083 010 \*\*\*\*50.00  
02-25-2004 90026 020 \*\*\*100.00

<b>DOCUMENT # F94000000056</b> 1. Entity Name <b>KING'S MEDICAL COMPANY</b>					
Principal Place of Business <b>1894 GEORGETOWN RD HUDSON, OH 44236</b>			Mailing Address <b>1894 GEORGETOWN RD HUDSON, OH 44236</b>		
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 <b>34-1338678</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRIS, SAM 1894 GEORGETOWN RD HUDSON, OH	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WILLIAM E BEATTIE 1894 GEORGETOWN RD HUDSON, OH 44236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOLDREDGE, WILLIAM 1894 GEORGETOWN RD HUDSON, OH	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. CLARK LUBASKI 1894 GEORGETOWN RD. HUDSON, OH 44236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUNNING, MARLENE F 1894 GEORGETOWN RD HUDSON, OH	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. GAIL S. DAVIS 1894 GEORGETOWN RD. HUDSON, OH 44236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANKIRK, ALBERT 1894 GEORGETOWN RD HUDSON, OH	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. + CEO 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, NEIL 1894 GEORGETOWN RD HUDSON, OH	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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.					
<b>SIGNATURE: <u>Therese</u> 1-9-04 330-653-3968</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					