


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90056 022 ***150.00

DOCUMENT # G77358 1. Entity Name KINGS RIDGE 239 INC.					
Principal Place of Business % KINGS RIDGE 239 INC. P.O. BOX 24435 FT. LAUDERDALE, FL 33307			Mailing Address % KINGS RIDGE 239 INC. P.O. BOX 24435 FT. LAUDERDALE, FL 33307		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2420220	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAY, GEORGE, SR. 161 SPARROW DR. #104 ROYAL PALM BEACH, FL 33411 <i>MAY GEORGE SR.</i> <i>1750 BUTTERCUP</i> <i>PORT ST. LUCIE</i> <i>FL. 34953</i>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PVS	<input checked="" type="checkbox"/> Delete	TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, GEORGE		NAME	MAY GEORGE	
STREET ADDRESS	161 SPARROW DR. #104		STREET ADDRESS	1750 BUTTERCUP	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	PORT ST. LUCIE FL. 34953	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	MAY GEORGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, GEORGE		NAME	1750 BUTTERCUP	
STREET ADDRESS	161 SPARROW DR. #104		STREET ADDRESS	PORT ST. LUCIE FL. 34953	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-14-05 <small>Date</small>		
			<small>Daytime Phone #</small>		