

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17198

FILED
May 01, 2004
Secretary of State

Entity Name: BARBARA KING'S CENTRE FOR EDUCATIONAL SERVICES, INC.

Current Principal Place of Business:

5005 LAUREL ST.
100
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

% GENE KING
15623 GARDENSIDE LANE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-2675345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, GENE
15623 GARDENSIDE LANE
TAMPA, FL 33624

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KING, BARBARA,
Address: 15623 GARDENSIDE LANE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: KING, ALAN
Address: 18808 PLACE DE ANTIBES
City-St-Zip: LUTZ, FL

Title: D () Delete
Name: KING, GENE,
Address: 15623 GARDENSIDE LANE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: RIVAS, VICKI
Address: 4609 WESTFORD CIR
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: KING, BRUCE,
Address: 849 INDIAN LAKE DRIVE
City-St-Zip: ATLANTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA KING

DP

05/01/2004

Electronic Signature of Signing Officer or Director

_____ Date