


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J17198**

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



Principal Place of Business <b>5005 LAUREL ST.          100          TAMPA, FL 33624 US</b>	Mailing Address <b>% GENE KING          15623 GARDENSIDE LANE          TAMPA, FL 33624</b>
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05012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2675345</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, GENE  
 15623 GARDENSIDE LANE  
 TAMPA, FL 33624**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KING, BARBARA 15623 GARDENSIDE LANE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, ALAN 18808 PLACE DE ANTIBES LUTZ, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, GENE 15623 GARDENSIDE LANE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIVAS, VICKI 4609 WESTFORD CIR TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, BRUCE 849 INDIAN LAKE DRIVE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000361369  
 05/05/05-80073-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Gene King, D. Date: 04-30-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #