2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 A Secretary of State **DOCUMENT # J73074** 1. Entity Name KING LAKE REALTY, INC. Principal Place of Business Mailing Address 43 LAIRD RD 43 LAIRD RD CRESTVIEW, FL 32539 US CRESTVIEW, FL 32539 01082008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2871506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PERMENTER, ELIZBETH A. 110 CHANTCLAIRE CIR GULF BREEZE, FL 32561 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 Fiorida. It am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and the it applicable. (NOTE: Registered Agen) signal are required when reinstaling \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PERMENTER, ELIZABETH A. STREET ADDRESS 110 CHANTECLAIRE CT U00000781373 01/15/08-80029-017 150.00 CITY-ST-ZIP GULF BREEZE, FL 32561 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 empowere

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08 850 892-210

FILED