## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

## Apr 01, 2004 8:00 am Secretary of State DOCUMENT # K76743 04-01-2004 90008 033 \*\*\*150.00 1. Entity Name KINGS-SON, INC. Principal Place of Business Mailing Address % HSIN TING CHANG % HSIN TING CHANG 54025118 241 CENTER STREET 241 CENTER STREET NAPLES, FL 34108 NAPLES, FL 34108 03062004 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0121106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHANG, HSIN TING DO NOT WRITE 550 ANCHOR RODE DR 2374 TURNBERRY COURT IN THIS SPACE NAPLES, FL 34109 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE CHANG, HSIN TING NAME 2374 TURNBERRY COURT STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 VD TITLE CHANG, TONY J. NAME STREET ADDRESS 2374 TURNBERRY COURT CITY-ST-ZIP NAPLES, FL 34109 STD TITLE CHANG, LIN HUEI-YI NAME STREET ADDRESS 2374 TURNBERRY COURT DO NOT WRITE CITY-ST-ZIP NAPLES, FL 34109 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 AND TYPED OR PRINTED PROME OF SIGNING OFFICER OR DIRECTOR

FILED