


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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| DOCUMENT # K90517 1. Entity Name KING KARS, INC. |  |
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| Principal Place of Business 550 S. HIGHLAND STREET MT DORA, FL 32757 | Mailing Address 550 S. HIGHLAND STREET MT DORA, FL 32757 |
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| DO NOT WRITE IN THIS SPACE |
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04212004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2949307 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SMITH, HAROLD K. 550 S. HIGHLAND STREET MT DORA, FL 32757 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------|
| TITLE | DP |
| NAME | SMITH, HAROLD K. |
| STREET ADDRESS | 550 S. HIGHLAND STREET |
| CITY-ST-ZIP | MT DORA, FL 32757 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| <p>U000000142634 04/30/04-80060-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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)(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:  **Harold K. Smith** 352-735-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #