


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

04-18-2005 90078 035 ****50.00

DOCUMENT # L04000076240
 1. Entity Name
KING'S WORK LLC



Principal Place of Business
**15540 RENEE LANE
 HUDSON FL 34669**

Mailing Address
**15540 RENEE LANE
 HUDSON FL 34669**



2. Principal Place of Business
15540 Renee Lane

3. Mailing Address
15540 Renee Lane

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State
Hudson FL

City & State
Hudson FL

Zip
34669

Country
Pasco

Zip
34669

Country
Pasco

4. FEI Number
201780637

Applied For
 Not Applicable

5. Certificate of Status Desired **-\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KING, ROBERT C
 15540 RENEE LANE
 HUDSON FL 34669**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

City **FL** Zip Code

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 \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, ROBERT C 15540 RENEE LANE HUDSON FL 34669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Robert King 15540 Renee Lane Hudson FL 34669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Michael Wade Locke 16805 Delft place Spring Hill FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member JAMES W. COLES 16820 Delft place M Spring Hill FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member James W. Coles 16820 Delft Place Spring Hill FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert C. King **Robert C. King** 4-7-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #