

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L63430

1. Entity Name
KING BETHUNE, INC.



Principal Place of Business
**7025 S ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US**

Mailing Address
**5 BRIAR MEADOW
SCITUATE, MA 02066 US**



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3005845

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETERSON, SID C., JR.
418 CANAL STREET
NEW SMYRNA BEACH, FL 32168**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000065044
02/25/04-80021-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHEA KING, DEIDRE
5 BRIAR MEADOW CIR
SCITUATE, MA 02066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
STICH, JOSEPH P
7025 SOUTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
STICH, JENNIFER
7025 S. ATLANTIC AVE.
NEW SMYRNA BCH., FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KING, JOHN V.R. JR
7025 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000065044
12/25/04-80021-004 8.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

John V.R. King Jr. **2-10-04 (386)426-5757**