


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3005845	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, SID C., JR. 418 CANAL STREET NEW SMYRNA BEACH FL 32168				7. Name and Address of New Registered Agent	
Name				Street Address (P O Box Number is Not Acceptable)	
City				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 reissuing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA KING, DEIDRE		NAME		
STREET ADDRESS	5 BRIAR MEADOW CIR		STREET ADDRESS		
CITY- ST- ZIP	SCITUATE MA 02066		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICH, JOSEPH P		NAME		
STREET ADDRESS	7025 SOUTH ATLANTIC AVE.		STREET ADDRESS		
CITY- ST- ZIP	NEW SMYRNA BEACH FL		CITY- ST- ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICH, JENNIFER		NAME		
STREET ADDRESS	7025 S. ATLANTIC AVE.		STREET ADDRESS		
CITY- ST- ZIP	NEW SMYRNA BCH. FL		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOHN V.R. JR		NAME		
STREET ADDRESS	7025 S ATLANTIC AVE		STREET ADDRESS		
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32169		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E034 (10/05)

U00000553365
05/15/06-80049-006 158.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06 286 426 577
Date Daytime Phone #