


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M89116 1. Entity Name KING PROPERTY MANAGEMENT SERVICES, INC.	
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Principal Place of Business 3900 ACLINE ROAD P. O. BOX 511388 PUNTA GORDA, FL 33950 US	Mailing Address PO BOX 511388 PUNTA GORDA, FL 33951-1388 US
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0073428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, SANDRA W.
3900 ACLINE RD
PUNTA GORDA, FL 33950**

**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

Sandra W. King

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/2005

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KING, SANDRA W. 3900 ACLINE ROAD PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DUNCAN, PAMELA B 3900 ACLINE RD PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/01/05-80054-016 150.00

**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)(f), 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:

Sandra W. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2005

Date

Daytime Phone #

941-6394170