
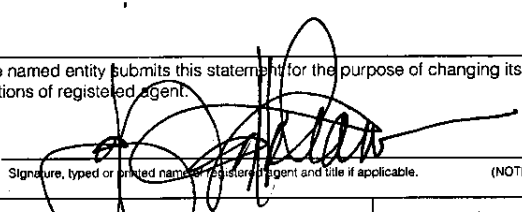
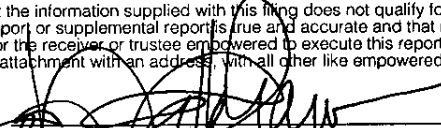


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90004 019 \*\*\*\*61.25

<b>DOCUMENT # N00000005671</b> 1. Entity Name <b>KING WORKS, INC.</b>					
Principal Place of Business <b>1783 BAYHILL DRIVE</b> <b>OLDSMAR, FL 34677 US</b>			Mailing Address <b>1783 BAYHILL DRIVE</b> <b>OLDSMAR, FL 34677 US</b>		
2. Principal Place of Business <b>4628 W. LEONA STREET</b> Suite, Apt. #, etc.			3. Mailing Address <b>4628 W. LEONA STREET</b> Suite, Apt. #, etc.		
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>59-3675393</b>	
Zip <b>33629</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GASPARINI, BEN</b> <b>1783 BAYHILL DRIVE</b> <b>OLDSMAR, FL 34677</b>				7. Name and Address of New Registered Agent Name <b>J. MICHAEL CALLAHAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4628 W. LEONA STREET</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33629</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<b>J. MICHAEL CALLAHAN</b> <b>8-20-04</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61/25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASPARINI, BEN 1783 BAYHILL DRIVE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR J. MICHAEL CALLAHAN 4628 W. LEONA STREET TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, SUZANNE 11503 LIPSEY ROAD TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUGHLIN, ROBERT 40 WOODCUTTER LANE PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARK J. SPADA 2305 BENDELOW TRAIL TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, JEANNE 2403 SUNSET DRIVE TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, CLAIRE 3911 W EDEN ROCK CIRCLE TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DR. GUSTAVO GARI 2501 JETTON STREET TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEOBER, MITCH 15019 SOUTH PARK DRIVE TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>J. MICHAEL CALLAHAN</b> <b>8-20-04</b> <b>(813) 276-8387</b> <small>Date Daytime Phone #</small>		

54070082



08162004 Chg-NP CR2E037 (10/03)