
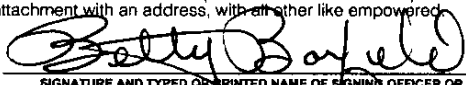


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90009 047 \*\*\*\*61.25

<b>DOCUMENT # N08942</b> 1. Entity Name <b>KINGS AND QUEENS HOMEOWNERS ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>2808 N FLORIDA AVE LAKELAND, FL 33805 US</b>			Mailing Address <b>2725 KING GEORGE AVE LAKELAND, FL 33805-5016 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>437 KING EDWARD Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Lakeland, FL</b>		4. FEI Number <b>59-2665364</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>33805-5014</b>		<b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLLING, LEE JAY 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEORGE, LUTHER E 2725 KING GEORGE AVE LAKELAND, FL 33805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Charles Smith 245 QUEEN MARY LOOP Lakeland, FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHARE, ROBERT 291 QUEEN MARY LOOP LAKELAND, FL 33805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRADY LITTLES 300 QUEEN MARY LOOP Lakeland, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERLAIN, LINDA 372 QUEEN MARY LOOP LAKELAND, FL 33805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, SANDRA 268 QUEEN MARY LOOP LAKELAND, FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, SANDRA 268 QUEEN MARY LOOP LAKELAND, FL 33805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 BETTY BARFIELD 437 KING EDWARD AVE Lakeland, FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK, NELSON J 210 QUEEN MARY LOOP LAKELAND, FL 33805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBRINK, BILL L 404 KING EDWARD AVE LAKELAND, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBRINK, BILL L 404 KING EDWARD AVE LAKELAND, FL 33805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBRINK, BILL L 404 KING EDWARD AVE LAKELAND, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			2/21/2007 863-868-7335		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		