


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**


01-12-2004 90004 014 \*\*\*\*70.00

<b>DOCUMENT # N94000003557</b> 1. Entity Name <b>THE THREE KINGS DAY, INC.</b>	
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Principal Place of Business 1310 N. CHICKASAW TRAIL ORLANDO, FL 32825	Mailing Address 1310 N. CHICKASAW TRAIL ORLANDO, FL 32825
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**DO NOT WRITE IN THIS SPACE**

**14000713**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3388722</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

PLASENCIA, RENE  
1310 N CHICKASAW TRAIL  
ORLANDO, FL 32825

**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 *René Plascencia* DATE 1/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASENCIA, RENE 1310 N CHICKASAW TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABORDE, LUCY 1310 N CHICKASAW TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASENCIA MARTINEZ, SUSAN 8215 GOLDEN CHICKASAW CIR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: *René Plascencia* DATE 1/7/03 DAYTIME PHONE # 407-381-5310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR