

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003557

1. Entity Name
THE THREE KINGS DAY, INC.



Principal Place of Business
**1310 N. CHICKASAW TRAIL
ORLANDO, FL 32825**

Mailing Address
**1310 N. CHICKASAW TRAIL
ORLANDO, FL 32825**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3388722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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	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	

U000000589129
01/18/07-80004-003 61.25

U000000589129
01/18/07-80004-004 8.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Renel Plascencia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07
Date

407-381-5310
Daytime Phone #