

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
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**



01072008 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 \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000791109
01/23/08-80061-001 70.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08

Date

407 3815310

Daytime Phone