


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005150	
1. Entity Name KING OF THE RING BOXING CLUB, INC.	

Principal Place of Business 1081 TATE ROAD CANTONMENT, FL 32533 US	Mailing Address 1081 TATE ROAD CANTONMENT, FL 32533 US
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3351768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEWIS, BILLY WAYNE
1081 TATE ROAD
CANTONMENT, FL 32533

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000134880
04/28/04-80037-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, BILLY WAYNE 1081 TATE ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFFEL, LINVEC 4367 HWY 90 PACE, FL 3251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, MARIO 6024 SUNTAN CIRCLE PENSACOLA, FL 33526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Billy Lewis Billy Lewis 4/26/04 830-937-8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #