## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000044015

1. Entity Name KINGSLEY PARTNERS, INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

937 S. BIRDWOOD DR. ORANGE PARK, FL 32073 Mailing Address

937 S. BIRDWOOD DR. ORANGE PARK, FL 32073



## DO NOT WRITE IN THIS SPACE

i chaman in c	Bril CBM BBM BBM BAM	III #BUX BEDIT BIBU BBIBE IIBBI BUIIBB	
01152007	No Cho-P	CR2E034 (11/05)	

4. FEI Number	<del></del>	Applied For	
59-3652255		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional	

904-624 -0845

6. Name and Address of Current Registered Agent

TAYLOR, GLENN A 2301 PARK AVE., #404 ORANGE PARK, FL 32073

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am fami	liar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	I applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	······································
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	,			1 1 74
TITLE NAME STREET ADDRESS CITY+ST+ZIP	D BRADY, DALE J 937 S. BIRDWOOD DR. ORANGE PARK, FL 32073		3		1000000606849	en e
TITLE NAME STREET ADDRESS CITY+ST-ZIP		i	\$14 		01/31/07-80013-02	1 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
TITLE NAME STREET ADDRESS		\. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 47.45 p 894	وود المراجعة المراجعة المعادل معادل	ering in the second of the sec	
CITY-ST-ZIP TITLE NAME	The sufficiency of the sufficien	e n micag abiga yak	in i	A the colors	The state of the s	
STREET ADDRESS CITY-ST-ZIP		P. S. Marine Marine	me en inclusion i merge i in E dia	The specific	A many communications of the company communication of the communication	
indicated of the con	certify that the information supplied with this fi- on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	nd accurate and that my signatu I to execute this report as require	urè shall hav	e the same legal effec	ct as if made under oath; that I am a	n officer or director

DALE BRADE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR