

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000072893

1. Entity Name
1730 KINGSLEY INC.



Principal Place of Business
1730 KINGSLEY AVE, STE C
ORANGE PARK, FL 32073

Mailing Address
1730 KINGSLEY AVE, STE C
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3661000	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PETERSEN, CALVIN D
1730 KINGSLEY AVE, STE C
ORANGE PARK, FL 32073

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PETERSEN, DAVID S
STREET ADDRESS	1777 LONG SLOUGH WALK
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	DVP
NAME	MAHONEY, JOHN J III
STREET ADDRESS	111 FAIRWAY OAKS DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	DVP
NAME	JOCA, STEPHEN P
STREET ADDRESS	3285 WILDERNESS CIRCLE
CITY-ST-ZIP	MIDDLEBURG, FL 32068

TITLE	DST
NAME	PETERSEN, CALVIN D
STREET ADDRESS	505 SALT TIDE WAY
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 607, 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

C.D. PETERSEN

Date

Daytime Phone #

Sec/Treas. 1/10/05 904-264-2011