

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90034 028 ***150.00

DOCUMENT # P01000018877

1. Entity Name
KINGS APARTMENTS, INC.



Principal Place of Business
**4201-49TH STREET N
KINGS INN APTS
ST. PETERSBURG, FL 33709**

Mailing Address
**4201-49TH STREET N
KINGS INN APTS
ST. PETERSBURG, FL 33709**

94021773



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3167187

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELACQUESEAU, ROBERT E
5775 PARK STREET NORTH, #509
ST. PETERSBURG, FL 33709**

Name

DELACQUESEAU, ROBERT E.

Street Address (P.O. Box Number is Not Acceptable)

4201 - 49th STREET NORTH

City

ST PETERSBURG

FL

Zip Code

33709

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DELACQUESEAU, ROBERT E
5775 PARK STREET NORTH, #509
ST. PETERSBURG, FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DELACQUESEAU, ROBERT E.
4201 - 49th STREET NORTH
ST. PETERSBURG, FL 33709** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Robert De Lacqueseau**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03
Date

Daytime Phone #