


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000049184 1. Entity Name SYSTEMS KING, INC.			
Principal Place of Business 139 COUNTY ROAD 419 WEST CHULUOTA, FL 32766		Mailing Address 139 COUNTY ROAD 419 WEST CHULUOTA, FL 32766	
DO NOT WRITE IN THIS SPACE			
		01092006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3723580	
		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 MOSS, GEORGE 139 COUNTY ROAD 419 WEST CHULUOTA, FL 32766		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000543961 05/11/06-80016-018 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	MOSS, GEORGE		
STREET ADDRESS	139 COUNTY ROAD 419 WEST		
CITY-ST-ZIP	CHULUOTA, FL 32766		
TITLE	D		
NAME	MOSS, BARBARA		
STREET ADDRESS	139 COUNTY ROAD 419 WEST		
CITY-ST-ZIP	CHULUOTA, FL 32766		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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: <u>Barbara Moss</u>		4/25/06 407-977-3116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	