

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
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**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3723580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000759933
05/24/07-80063-001 150.00

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

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Moss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

407-971-0111
Daytime Phone #