2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 22, 2007 08:00 AM **DOCUMENT # P01000088329 Secretary of State** KING CONSTRUCTION OF PALM CITY, INC. Principal Place of Business Mailing Address 1520 SW SUNSET TRAIL 1520 SW SUNSET TRAIL PALM CITY, FL 34990 PALM CITY, FL 34990 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1140780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, JOHN E DO NOT WRITE 1520 SW SUNSET TRAIL PALM CITY, FL 34990 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME TAYLOR, JOHN E STREET ADDRESS 1520 SW SUNSET TR CITY-ST-ZIP PALM CITY, FL 34990 U000000596833 TITLE 01/24/07-80012-010 150.00 NAME STREET ADDRESS CDY-ST-719 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ΠLE 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY:ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN