## 2005 FOR PROFIT CORPORATION

## FILED Apr 22, 2005 8:00 am Secretary of State

ANNUAL REPURI					Secretary of state				
DOCUMENT # P0200001928  1. Entity Name KING FINANCIAL GROUP, INC.					04-22-2005 90295 043 ***150.00 20042508				
Principal Place of Business Mailing Address						2004	ፈጋሀၓ		
945 W MICHIGAN AVE STE 5B PENSACOLA, FL 32505		945 W MICHIGAN AVE STE 5B PENSACOLA, FL 32505		4 ( <b>83</b> (( <b>83</b> ) ))) <b>8</b>	Airo ((61) 62/14 68/11 64/17		0 KS110 1103k 13	IKNOE II FUUE	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Number 80-0028	855		No	oplied For ot Applicable
Zip Country		Zip	Country			f Status Desired	_ L è	8.75 Add ee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KING, JAMES W JR				Name					
945 W MICHIGAN AVE STE 5B PENSACOLA, FL 32505			Street Address (P.O. Box Number is Not Acceptable)						
			City	· · · · · · · · · · · · · · · · · · ·	·	FL	Zip Cod	ə	
The above gamed entity cultraits this statement for the assure of the size of the siz				<b>FL</b>   '					
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 9. Election Campaign Financing \$5.00 May Be									
	ay 1, 2005 Fee will be \$550.0				ed to Fees				i
10	OFFICERS AND	DIDECTORS			100171011010				
10.	OFFICERS AND I		11.		ADDITIONS/C	HANGES TO OFFI			
TITLE NAME	KING, JAMES W JR	☐ Delete	TITLE NAM	1				Change	Addition
STREET ADDRESS	945 W MICHIGAN AVE STE 5B			ET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 32505			-ST-ZIP					ļ
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CITY-ST-ZIP				-ST-ZIP	_				]
	certify that the information supplied with	Nais filing does not qualify fo			ction 119 07/31/3	Florida Statutos 1	further cortif	v that the	oformation
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 of supplemental report is trible 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 adachment with an address with all other like empowered									
SIGNATURE: 4-20-2005 850-434-2400									1400
SIGNAL	UNC.				- 700	7000	200		