

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000043228

1. Entity Name
KING CONE, INC.



Principal Place of Business
**632 CHEOY LEE CIRCLE
WINTER SPRINGS, FL 32708**

Mailing Address
**632 CHEOY LEE CIRCLE
WINTER SPRINGS, FL 32708**



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-6018787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURRO, ALBERT F
632 CHEOY LEE CIRCLE
WINTER SPRINGS, FL 32708**

**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 _____

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

(NOTE: Registered Agent signature required when renating)

DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURRO, ALBERT F
STREET ADDRESS	632 CHEOY LEE CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	V
NAME	WINKLER, ENON
STREET ADDRESS	1212 ELMWOOD ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	S
NAME	MURRAY, KELLI
STREET ADDRESS	1212 ELMWOOD ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	T
NAME	MURRO, BERNADETTE
STREET ADDRESS	632 CHEOY LEE CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80033-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT MURRO

2-12-07

Date

407-2576066

Daytime Phone #