

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045150

FILED  
Mar 04, 2004  
Secretary of State

Entity Name: THE KINGHORN CORPORATION

**Current Principal Place of Business:**

10167 KINGHORN ROAD  
GLEN SAINT MARY, FL 32040

**New Principal Place of Business:**

**Current Mailing Address:**

10167 KINGHORN ROAD  
GLEN SAINT MARY, FL 32040

**New Mailing Address:**

FEI Number: 01-0640062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KINGHORN, PEGGY  
10167 KINGHORN ROAD  
GLEN SAINT MARY, FL 32040

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: KINGHORN, PEGGY  
Address: 10167 KINGHORN ROAD  
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: P ( ) Delete  
Name: KINGHORN, BILLY  
Address: 10167 KINGHORN ROAD  
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: VP ( ) Delete  
Name: KINGHORN, SHAWN  
Address: 10542 KINGHORN RD  
City-St-Zip: GLEN SAINT MARY, FL 32040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY C KINGHORN

P

03/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date