



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90005 009 ***150.00

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|--|---|---|--|--|--|
| DOCUMENT # P02000066652 | | | |  | |
| 1. Entity Name KING'S CEMETERY LETTERING & MONUMENTS INC. | | | | | |
| Principal Place of Business 603 MAIN ST AUBURNDALE, FL 33823 | | | Mailing Address 603 MAIN ST AUBURNDALE, FL 33823 | | |
| 2. Principal Place of Business 206 HOWARD ST. | | 3. Mailing Address 206 HOWARD ST. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03112004 Chg-P CR2E034 (10/03) | |
| City & State AUBURNDALE FL | | City & State AUBURNDALE FL | | 4. FEI Number 30-0089037 | |
| Zip 33823 | | Country | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KING, TIMOTHY 603 MAIN STREET AUBURNDALE, FL 33823 | | | Name Street Address (P.O. Box Number is Not Acceptable) 206 HOWARD STREET | | |
| | | | | | |
| City AUBURNDALE FL Zip Code 33823 | | | | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT <input type="checkbox"/> Delete KING, TIMOTHY 603 MAIN ST. AUBURNDALE, FL 33823 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 206 HOWARD STREET AUBURNDALE FL 33823 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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: <i>Timothy King</i> F M KING | | | 3/15/04 863-967-4890 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |