

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90312 023 ***150.00

DOCUMENT # P02000100231

1. Entity Name
CUE FUNDING INCORPORATED



Principal Place of Business
**12832 WINTHROP COVE DRIVE
JACKSONVILLE, FL 32224**

Mailing Address
**P O BOX 16569
JACKSONVILLE, FL 32245**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number
45-0485958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KING, WILLIAM H
915 N E 24TH ST
GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KING, ANDRIA
STREET ADDRESS 12832 WINTROP COVE DR
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VP ☒ Delete
NAME KING, ANDRIA
STREET ADDRESS 12832 WINTROP COVE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ST ☐ Delete
NAME KING, BEVERLY A
STREET ADDRESS 12832 WINTROP COVE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE T ☒ Delete
NAME KING, BEVERLY
STREET ADDRESS 6050 E. HWY 32 C
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE S ☒ Delete
NAME KING, BEVERLY
STREET ADDRESS 6050 E. HWY 32 C
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME King, Adrian
STREET ADDRESS PO Box 16569
CITY-ST-ZIP Jacksonville, FL 32245

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Beverly A. King* **Beverly A. King**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

904-223-7220

Daytime Phone #