

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000100231

1. Entity Name  
CUE FUNDING INCORPORATED



Principal Place of Business  
12832 WINTROP 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

6. Name and Address of Current Registered Agent

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

08282004 Chg-P CR2E034 (10/03)

4. FEI Number  
45-0485958

Applied For  
Not Applicable

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

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VP  
NAME KING, ADRIAN ☒ Delete  
STREET ADDRESS PO BOX 16569  
CITY-ST-ZIP JACKSONVILLE, FL 32245

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME KING, WILLIAM HOUSTON  
STREET ADDRESS 6050 E. HWY 326  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

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

TITLE ☐ Change ☐ Addition  
NAME 800041064828  
STREET ADDRESS 09/14/04--01015--020 \*\*\$61.25  
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:

William Houston King

08/30/04

352-236-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 SEP 14 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

