## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 30, 2004 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P02000109920** DON KINGSBURY AGENCY, INC. Principal Place of Business Mailing Address 210 DEL PRADO BLVD SOUTH 210 DEL PRADO BLVD SOUTH STE 5 STE 5 CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 04272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 52-2382773 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KINGSBURY, DONALD S 210 DAL PRADO BLVD STE 5 CAPE CORAL, FL 33900 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

| DO   | NOT  | WRITE |
|------|------|-------|
| IN ' | THIS | SPACE |

Applied For

Not Applicable

| 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 Financia Trust Fund Contribution.  |   |  |  | \$5.00 May Be<br>Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  |  |                                |   |  |  |
| TITLE NAME STREET ADDRESS CITY ST-ZIP   | DPST<br>KINGSBURY, DONALD S<br>210 DEL PRADO BLVD SOUTH<br>CAPE CORAL, FL 33990 |  |  |                                | Managara                                    |  |  |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip  |   |  |  |                                | 1971000 42075<br>(4) 26 74-80 82-024 (50 9) |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  | DO NOT WRITE                   |   |  |  |
| TITLE<br>MAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  | IN '                           | THIS SPACE                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |                                |   |  |  |
| TITLE NAME STREET AODRESS CHY-ST-ZIP  |   |  |  |                                |   |  |  |
| 12. I hereby certify that the information supplied with this filling 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 path; 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 |   |  |  |                                |   |  |  |