

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90004 020 ***150.00

DOCUMENT # P02000128801

1. Entity Name
KINGANCO, INC.



Principal Place of Business
7670 NW 79TH AVENUE
SUITE 0-3
TAMARAC, FL 33321

Mailing Address
7670 NW 79TH AVENUE
SUITE 0-3
TAMARAC, FL 33321

54057365



2. Principal Place of Business
2654 NW 7TH CT SUITE A

3. Mailing Address
2654 NW 7TH CT

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

03132003 Chg-P CR2E034 (10/03)

City & State
DELRAY BEACH, FL.

City & State
DELRAY BEACH, FL.

4. FEI Number
57-1176107

Applied For
Not Applicable

Zip
33445

Country

Zip
33445

Country

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

6. Name and Address of Current Registered Agent

KINGAN, JEFF
7670 NW 79TH AVENUE
SUITE #0-3
TAMARAC, FL 33321

2654 NW 7TH CT
SUITE A
DELRAY BEACH, FL 33445

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KINGAN, JEFF
STREET ADDRESS 7670 NW 79TH AVE, #0-3
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SECRETARY ☐ Delete
NAME SHANTI KINGAN
STREET ADDRESS 2654 NW 7TH CT SUITE A
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE TREASURER ☐ Delete
NAME SONIA FISCHER
STREET ADDRESS 2654 NW 7TH CT SUITE A
CITY-ST-ZIP DELRAY BEACH, FL 33445

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 PRESIDENT ☒ Change ☐ Addition
NAME JEFFREY KINGAN
STREET ADDRESS 2654 NW 7TH CT SUITE A
CITY-ST-ZIP DELRAY BEACH, FL 33445

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

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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:

Jeffrey Kingan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY KINGAN PRES.

6/8/04

(954) 464-6705
Daytime Phone #