



# 2004 FOR PROFIT CORPORATE ANNUAL REPORT

9/22/2004-90001-001-\$550.00-\$550.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P03000020388</b>  |  |    |   |
| 1. Entity Name<br><b>KINGDOM COMPANY DEVELOPMENT, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>4380 ENTERPRISE AVENUE<br/>NAPLES, FL 34104</b>   |  | Mailing Address<br><b>4380 ENTERPRISE AVENUE<br/>NAPLES, FL 34104</b>   |   |
| 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<br><b>MORRIS, WILLIAM G<br/>247 N. COLLIER BLVD.<br/>202<br/>MARCO ISLAND, FL 34145</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when rechartering)</small> DATE _____   |  |   |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>President<br/>FRANK RIVERA<br/>420 Century Dr.<br/>Marco Island, FL 34145</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   |  | Date: <b>9/7/04</b> Daytime Phone #: <b>239-821-9653</b>  |   |

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07122004 Chg-P CR2E034 (10/03)

4. FEI Number **56-2319392** Applied For ☐ Not Applicable ☐

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

**FL** Zip Code

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #