

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2005 08:00 AM  
Secretary of State

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000050665<br>1. Entity Name<br>KING MANAGEMENT OF KEY WEST, INC. |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|



|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>1602 LAIRD STREET<br>KEY WEST FL 33040 | Mailing Address<br>1602 LAIRD STREET<br>KEY WEST FL 33040 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

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| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 1st MOORE                                                 | CR2E034 (10/04)                |
| 4. FEI Number<br>27-0058920                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>PRIBRAMSKY, STEVEN<br>937 FLEMING STREET<br>KEY WEST FL 33040 |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                                                                            |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                       |                                                                                               |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>KING, KENNETH<br>1602 LAIRD STREET<br>KEY WEST FL 33040 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | SD<br>KING, LINDA<br>1602 LAIRD STREET<br>KEY WEST FL 33040 <input type="checkbox"/> Delete   |
| 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"/> Delete                                                               |
| 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"/> Delete                                                               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add<br>U00000302041<br>04/13/05-80053-006 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Kenneth King 4-9-05 305-296-810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #