

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000065650			
1. Entity Name KINGDOM STATE VILLAS MANAGEMENT, INC. Corp.			
Principal Place of Business 113 PONTIAC PLAZA AUBURNDALE, FL 33823		Mailing Address 846 CASSIA DR DAVENPORT, FL 33836	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Same as Above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Above</i>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HARTLEY, STEPHEN 846 CASSIA DR DAVENPORT, FL 33836		7. Name and Address of New Registered Agent Name <i>Terry Condliffe</i> Street Address (P.O. Box Number is Not Acceptable) <i>846 Cassia Drive</i> City <i>Davenport</i> FL Zip Code <i>33897</i>	
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 <i>T. Condliffe</i> T. CONDLIFFE, PRESIDENT DATE 04.29.08. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARTLEY, STEPHEN 846 CASSIA DR DAVENPORT, FL 33836 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	WORT H, LEE 6 FERNCHASE, SCARCROFT, LEEDS UNITED KINGDOM LS14 3JL ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition <i>7/5/23</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Terry Condliffe 846 Cassia Drive Davenport, FL 33836 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Ashley Condliffe 846 Cassia Drive Davenport, FL 33897 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.			
SIGNATURE: <i>T. Condliffe</i> T. CONDLIFFE, President 04/29/08 863-420-3989 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

08 MAY 21 PM 12:13

40096089 DEPT. OF STATE
TALLAHASSEE, FLORIDA



04092008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0538474** Applied For
20-0437428 Not Applicable

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