2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000066538

1. Entity Name
CUEKING FAMILY CORPORATION

FILED
06 JAN 13 PM 2:08
SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12832 WINTHROP COVE DRIVE JACKSONVILLE, FL 32224	12832 WINTHROP COVE DRIVE JACKSONVILLE, FL 32224

01112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6050 E Hwy 326	P.O. Box 159
Suite, Apt #, etc	Suite, Apt # etc
Silver Springs, FL	Silver Springs, FL
Zip: 34488 Country: Marion	Zip: 34489 Country: Marion

4. FEI Number: 87-0698991 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KING, BEVERLY A 12832 WINTHROP COVE DRIVE JACKSONVILLE, FL 32224	Name: William H. King Street Address (P.O. Box Number is Not Acceptable): 6050 E. Hwy 326 City: Silver Springs, FL Zip Code: 34488

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: William H. King 1-12-2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not initialing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100064415871
01/24/06--01052--001 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KING, ANDRIA P.O. BOX 16589 JACKSONVILLE, FL 32245	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KING, WILLIAM H. P.O. BOX 159 SILVER SPRINGS, FL 34489 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KING, BEVERLY A PO BOX 16589 JACKSONVILLE, FL 32245	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KING, ADRIAN PO BOX 16589 JACKSONVILLE, FL 32245	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COE KING, WILLIAM H PO BOX 16589 JACKSONVILLE, FL 32245	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, WILLIAM H PO BOX 16569 JACKSONVILLE, FL 32245	☒ 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, with all other like empowered.

SIGNATURE: William H King 1-12-2006 352-236-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #