

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90057 001 ***150.00
09-10-2004 90057 002 ****8.75

DOCUMENT # P03000068141

1. Entity Name
KINGDOM SEEKERS INCORPORATED



Principal Place of Business
1382 BROOKWOOD FOREST BLVD.
SUITE 401
JACKSONVILLE, FL 32225

Mailing Address
1382 BROOKWOOD FOREST BLVD.
SUITE 401
JACKSONVILLE, FL 32225

66433435



2. Principal Place of Business
7849 Stephenson Drive

3. Mailing Address
P.O. Box 43124

Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State
Jacksonville, FL 32208

City & State
Jacksonville, FL 32203

4. FEI Number
20-1395428

Applied For
Not Applicable

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

Zip
32208

Country
United States

Zip
32203

Country
United States

6. Name and Address of Current Registered Agent

ACCOUNTING & BUSINESS SOLUTIONS, INC.
9951 ATLANTIC BLVD
SUITE 418
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name
Kim Lundy

Street Address (P.O. Box Number is Not Acceptable)
7849 Stephenson Drive

City
Jacksonville

FL

Zip Code
32208

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 **Kim Lundy** **8/3/04**

Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME LUNDY, KIM	
STREET ADDRESS 1382 BROOKWOOD FOREST BLVD. #401	
CITY-ST-ZIP JACKSONVILLE, FL 32225	
TITLE VP	<input type="checkbox"/> Delete
NAME HALL, LEOLA	
STREET ADDRESS 1111 WEARE STREET	
CITY-ST-ZIP JACKSONVILLE, FL 32206	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Anjalnette Lundy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Vice President	
STREET ADDRESS 7849 Stephenson Drive	
CITY-ST-ZIP Jacksonville, FL 32208	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Kim Lundy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04 **(904)866-5917**

Date Daytime Phone #