

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90055 001 ***150.00

03-16-2004 90055 002 *****8.50

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000082678 1. Entity Name THREE KINGS PRODUCTIONS COMPANY, INC.					
Principal Place of Business 1629 RED CEDAR DRIVE SUITE 4 FORT MYERS, FL 33907 US			Mailing Address POST OFFICE BOX 613 FORT MYERS, FL 33902 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1970 Suite, Apt. #, etc.			
City & State Fort Myers, Florida		City & State Fort Myers, Florida		4. FEI Number # 20-0121589	
Zip 33902		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent DOXY, GARRY F 1577 MATTHEW DRIVE #17 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Robert Encarnaion Street Address (P.O. Box Number is Not Acceptable) 1629 Red Cedar Drive, Suite #4 City Fort Myers, Florida FL Zip Code 33907		
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: February 18, 2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES NAME DOXY, GARRY F STREET ADDRESS 1848 BOLADO PARKWAY CITY-ST-ZIP CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete		TITLE President NAME Robert Encarnacion STREET ADDRESS 1629 Red Cedar Drive, Suite#4 CITY-ST-ZIP Fort Myers, Florida 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ENCARNACION, ROBERTO STREET ADDRESS 1629 RED CEDAR DRIVE, SUITE 4 CITY-ST-ZIP FORT MYERS,, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Robert Encarnacion STREET ADDRESS 1629 Red Cedar Drive, Suite#4 CITY-ST-ZIP Fort Myers, Florida 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME DOXY, GARRY F STREET ADDRESS 1848 BOLADO PARKWAY CITY-ST-ZIP CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME ENCARNACION, ROBERTO STREET ADDRESS 1629 RED CEDAR DRIVE, SUITE 4 CITY-ST-ZIP FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Robert Encarnacion February 18, 2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Daytime Phone# 239.283.9562