


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000082678</b> 1. Entity Name <b>THREE KINGS PRODUCTIONS COMPANY, INC.</b>	
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Principal Place of Business <b>1629 RED CEDAR DRIVE SUITE 4 FORT MYERS, FL 33907 US</b>	Mailing Address <b>POST OFFICE BOX 1970 FORT MYERS, FL 33902 US</b>
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**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0121589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ENCARNAION, ROBERT 1629 RED CEDAR DRIVE, SUITE #4 FORT MYERS, FL 33907</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES ENCARNACION, ROBERT 1629 RED CEDAR DRIVE, SUITE #4 FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ENCARNACION, ROBERTO 1629 RED CEDAR DRIVE, SUITE 4 FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA ENCARNACION, ROBERTO 1629 RED CEDAR DRIVE, SUITE 4 FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/05-B0033-019 150.00

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:**  **6-30-05 239.938.0224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #