

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 26 AM 7:23

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 1970
FORT MYERS, FL 33902 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0121589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ENCARNAION, ROBERT
1629 RED CEDAR DRIVE, SUITE #4
FORT MYERS, FL 33907

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IN THIS SPACE

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 signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
ENCARNACION, ROBERT
1629 RED CEDAR DRIVE, SUITE #4
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ENCARNACION, ROBERTO
1629 RED CEDAR DRIVE, SUITE 4
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
ENCARNACION, ROBERTO
1629 RED CEDAR DRIVE, SUITE 4
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/23/06-80049-016 150.00

DO NOT WRITE
IN THIS SPACE

600065092636
02/02/06--01025--024 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-2006 239-938-0226

Date

Display Phone #

1126