2007 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 DO NOT WRITE IN THIS SPACE

FILED
Mar 15, 2007 08:00 AM
Secretary of State



olicable
For

5. Certificate of Status Desired 🗎 🕏

No Chg-P

01082007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ENCARNACION, ROBERTO PRES 1629 RED CEDAR DRIVE, SUITE #4 FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its re	gistered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURESignature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ENCARNACION, ROBERTO 1629 RED CEDAR DRIVE, SUITE #4 FORT MYERS, FL 33907					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S ENCARNACION, ROBERTO 1629 RED CEDAR DRIVE, SUITE 4 FORT MYERS., FL 33907				U00000666661 03/23/07-80080-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CLARO, BRIAN K VP/TREA 1626 NW 19TH STREET CAPE CORAL, FL 33993			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME SYREET ADDRESS					•	

12. I hereby certify that the information supplied with this filling 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 logal effect as if made under each, 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

03712007 739 438 0226

Daylime Phone