


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90441 005 ***150.00

DOCUMENT # P03000089691 1. Entity Name FLORIDA KINGS SERVICES, INC.			
Principal Place of Business 3102 PINECONE DRIVE APT. 202 KISSIMMEE, FL 34741		Mailing Address 3102 PINECONE DRIVE APT. 202 KISSIMMEE, FL 34741	
2. Principal Place of Business 2409 ABBY Dr.		3. Mailing Address 2409 ABBY Dr.	
Suite, Apt. #, etc. APT. 102		Suite, Apt. #, etc. APT. 102	
City & State Kissimmee		City & State Kissimmee	
Zip FL 34741		Country FLORIDA	
4. FEI Number 65-1203023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, JOSE L. 3102 PINECONE DRIVE APT. 202 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Reyes Jose L Street Address (P.O. Box Number is Not Acceptable) 2409 ABBY Dr. APT. 102 Kissimmee FL. 34741 City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	D REYES, JOSE L 3102 PINECONE DRIVE APT. 202 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYES, JOSE L. 2409 ABBY Dr. APT. 102 Kissimmee FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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: _____		04-15-05 Date Daytime Phone #	