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Jul 09, 2004 8:00 am
Secretary of State

05-06-2004 90189 043 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000120794

1. Entity Name
KING'S MANSION, INC.

66429658

Principal Place of Business	Mailing Address
1260 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118	1260 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address 124 North Beach St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Daytona Bch, Fl
Zip / Country	Zip 32114 / Country U.S.A.

4. FEI Number 200620345 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EXARHOU, MILTIADIS
~~124 NORTH BEACH STREET~~
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______________________
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	☐ Delete
NAME	EXARHOU, MILTIADIS	
STREET ADDRESS	~~1260 NORTH ATLANTIC AVENUE~~ 124 NORTH BEACH ST.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	VST	☐ Delete
NAME	Perego, Letitia	
STREET ADDRESS	124 North Beach St.	
CITY-ST-ZIP	Daytona Beach, Fl 32114	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE: [signature] 5-1-04 386-383-4743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #