

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90004 039 ***150.00

DOCUMENT # P03000123844

1. Entity Name

DONALD KING TRUCKING INC.



Principal Place of Business

10631 BRAVE LANE
HUDSON FL 34667

Mailing Address

10631 BRAVE LANE
HUDSON FL 34667

54017163



MOORE

CR2E034 (11/03)

2. Principal Place of Business

10631 BRAVE LANE

Suite, Apt. #, etc.

3. Mailing Address

(same)

Suite, Apt. #, etc.

City & State

HUDSON FLA.

City & State

HUDSON FLA.

4. FEI Number

20-0380295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, DONALD
10631 BRAVE LANE
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name Donald King

Street Address P.O. Box Number is Not Acceptable

10631 Brave Lane

City Hudson

FL

Zip Code 34667

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

Donald King

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME KING, DONALD
STREET ADDRESS 10631 BRAVE LANE
CITY-ST-ZIP HUDSON FL 34667

TITLE VTD ☐ Delete
NAME PIXTON, SUSAN D
STREET ADDRESS 10631 BRAVE LANE
CITY-ST-ZIP HUDSON FL 34667

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE:

Donald King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

727-514-1408

Daytime Phone #