


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90005 003 ***158.75

DOCUMENT # P03000134407

1. Entity Name
GARY C. KING, INC.



Principal Place of Business
**501 SOUTH CRANE ST.
 SEBRING, FL 33870**

Mailing Address
**501 SOUTH CRANE ST.
 SEBRING, FL 33870**

50022198



2. Principal Place of Business
 Suite, Apt. #, etc.
501 CRANE ST.

3. Mailing Address
 Suite, Apt. #, etc.
501 CRANE ST.

07052006 Chg-P CR2E034 (11/05)

City & State
SEBRING, FL

4. FEI Number
20-0427660

Applied For
 Not Applicable

City & State
SEBRING, FL

Zip
33872-3710

Country

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

Zip
33872-3710

Country

6. Name and Address of Current Registered Agent

**KING, GARY C
 501 SOUTH CRANE ST.
 SEBRING, FL 33870**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
501 CRANE ST.

City

FL Zip Code
33872-3710

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 *Gary C King* **GARY C. KING** **7/5/06** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KING, GARY C	501 SOUTH CRANE ST.	SEBRING, FL 33870	<input type="checkbox"/>
STD	KING, KATHLEEN M	501 SOUTH CRANE ST.	SEBRING, FL 33870	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		501 CRANE ST.	33872-3710	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		501 CRANE ST.	33872-3710	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Gary C King* **GARY C. KING** **7/5/06** **863-381-2055** DATE Daytime Phone #