


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90821 016 \*\*\*158.75

DOCUMENT # P03000134407

1. Entity Name  
**GARY C. KING, INC.**



Principal Place of Business      Mailing Address

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

**40092246**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**501 CRANE ST.**      **501 CRANE ST.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03122007      Chg-P      CR2E034 (12/06)

City & State      City & State

**SEBRING, FL**      **SEBRING, FL**

Zip      Country      Zip      Country

**33872-3710 Highlands**      **33872-3710 Highlands**

4. FEI Number      Applied For

**20-0427660**      Not Applicable

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

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      State      Zip Code

**Sebring, FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	  501 CRANE ST. SEBRING, FL 33872-3710 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	  501 CRANE ST. SEBRING, FL 33872-3710 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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      4/26/07      863-314-4489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #