

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134407 1. Entity Name GARY C. KING, INC.	
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FILED
Jun 13, 2008 08:00 AM
Secretary of State

Principal Place of Business 501 SOUTH CRANE ST. SEBRING, FL 33872	Mailing Address 501 SOUTH CRANE ST. SEBRING, FL 33872
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06112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0427660	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KING, GARY C 501 SOUTH CRANE ST. SEBRING, FL 33872	DO NOT WRITE IN THIS SPACE
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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, Pres.* **GARY C. King, Pres.** 6/11/08 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 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KING, GARY C
STREET ADDRESS	501 CRANE ST
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	STD
NAME	KING, KATHLEEN M
STREET ADDRESS	501 SOUTH CRANE ST.
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/13/08-80002-006 158.75

DO NOT WRITE
 IN THIS SPACE

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, Pres.* **GARY C. King, Pres.** 6/11/08 863-381-2055 DATE Daytime Phone #