2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 2004 8:00 am **Secretary of State** DOCUMENT # P03000137420 1. Entity Name 03-24-2004 90046 022 ***150.00 MARK KING INSTALLATIONS, INC. Mailing Address Principal Place of Business **7629 DALE DR 7629 DALE DR** PORT RICHEY FL 34668 學透 PORT RICHEY FL 34668 24028329 2. Principal Place of Business 3. Mailing Address NAIE_DR 762 L 76 a 4 Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KING, MARK Street Address (P.O. Box Number is Not Acceptable) 7629 DALE DR PORT RICHEY FL 34668 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete ☐ Addition TITLE THE MING, MARIC KING, MARK NAME NAME STREET ADDRESS **7629 DALE DR** STREET ADDRESS 76 QU DAIE DR. PORT RICHET FL 34668 PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE NAME MAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 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.

FILED

Affachment 24628329 P03800137420

From The Desk Of Suncoast Bingo Council

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MOVED ACROSS THE STREET From 7629 +0 7624

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MARK KING INSTABLATIONS IN