2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146184

FILED Jan 05, 2005 Secretary of State

Entity Name: KINGSHIELD PRODUCTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 6652 GLEN MEADOW LOOP LAKELAND, FL 33810 **Current Mailing Address: New Mailing Address:** 6652 GLEN MEADOW LOOP LAKELAND, FL 33810 FEI Number: 20-0508342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MOSELLE, MICHAEL Name: Name: MOSELLE, MICHAEL D CEO 6652 GLEN MEADOW LOOP 6652 GLEN MEADOW LOOP Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33810 Title: Title: () Delete (X) Change () Addition MILLINGTON, RICK Name: Name: MOSELLE, JAYSEN S MANAGER 2451 APPALOOSA RD. 1613 CRYSTAL VIEW TRAIL Address: Address: LAKE WALES, FL 33898 LAKELAND, FL 33801 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: PARRY, JANE PARRY, JANE M Name: Name: 1613 CRYSTAL VIEW TRAIL 1613 CRYSTAL VIEW TRAIL Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL D. MOSELLE CEO 01/05/2005

() Delete

MOSELLE, MARIANNE

LAKELAND, FL 33810

6652 GLEN MEADOW LOOP

Title:

Name: Address:

City-St-Zip:

() Change () Addition